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ABSTRACT

This document reports the findings of Project Respond, a program designed to develop a model for assessing and addressing risk to children in the St. Louis community. Section A concerns: (1) a definition of risk; (2) effects of profound sociological risk on children; (3) social and economic costs of sociological risk. In Section B, the Project Respond program and its research are described in terms of background; project strategy; initial operations; specific functions; and ongoing project operations. Section C presents a model for detailed assessment of risk, and covers the need for detailed assessment; the nature of the assessment model; the model's assumptions, measures, and norms; and technical notes on the assessment model and data analysis. Section D discusses preliminary research findings relating to the demographics of risk; the nature and extent of local risk; current local efforts to address risk; and policy and program options for addressing risk. Section E summarizes major findings and recommendations. Appendix A offers the pilot program model of the Project Respond Educational Pilot Program (PREPP), and Appendix B lists resources and a bibliography of about 65 items. A list of program models is also provided. (SH)

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ADDRESSING THE NEEDS OF ST. LOUIS CHILDREN AT RISK

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A Report to the Community from **PROJECT RESPOND**

April, 1991

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A Report to the Community

ADDRESSING THE NEEDS OF ST. LOUIS CHILDREN AT RISK

Issued by

Project Respond

In Collaboration with

The Public Policy Research Centers,
University of Missouri-St. Louis

by

Richard H. Patton

with

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April 1991

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In the short time since its initiation in the Fall of 1989, Project Respond has grown rapidly. The original vision of how the project might address the needs of St. Louis children at risk has evolved and expanded. There has been a dramatic increase in the range and pace of project activities. Perhaps most notably, the number of individuals and organizations, both locally and nationally, with whom Project Respond collaborates has increased from a handful just 18 months ago to hundreds today.

In part this rapid expansion of Respond's activities and contacts has resulted from a conscious effort to conduct project activities in concert with other individuals and organizations concerned with the problem of profound sociological risk to children. It is Project Respond's belief that formulation of effective policies and development of successful programs addressing profound sociological risk to children can only be achieved through a process involving all parties with a stake in the issue.

The most critical factor in Respond's growth, however, has been the response of others to project requests for assistance and overtures to collaborate on aspects of project operations. That response has been overwhelmingly forceful and favorable.

As Project Respond was initiated, a number of individuals concerned with the issue of profound sociological risk to children--and positioned to lead local efforts to engage the risk problem--were asked to serve on the Respond Advisory Board. Virtually everyone invited agreed to participate. All have done so with dedication and enthusiasm. First and foremost, thanks are in order to members of the Project Respond Advisory Board. They have played the lead role in shaping and energizing project operations. The names of board members are listed on the inside, front cover of this report.

In Respond's initial research phase, requests for information and technical assistance have been met with a universally favorable response. Efforts to focus the attention of public policy-makers and other community leaders on the risk issue--in preparation for developing more intensive, better coordinated community efforts to address the problem--also were received in a manner that exceeded the project's most optimistic expectations.

Project Respond owes a tremendous debt of gratitude to a large number of individuals and organizations who contributed information, time, and encouragement to project operations. The following listing of names represents our admittedly inadequate attempt to acknowledge and thank everyone who has assisted the project. It is our hope for the future to continue working with all these individuals and organizations (as well as many others) in addressing the critical risk issue.

We apologize in advance to anyone who assisted us, but whose name has been inadvertently omitted from these acknowledgements. Also, the usual disclaimers are in order regarding the conclusions reached and recommendations made in this report: they are those of Project Respond alone.

The University of Missouri-St. Louis, and particularly the Public Policy Research Centers through the director Lance LeLoup, made an exceptional contribution in supporting project research. Project Respond and PPRC will continue their collaboration in policy research efforts related to the risk issue. Several others at UM-St. Louis also contributed generously to project operations. Alice Windom, of the James T. Busch Center, provided consultation related to both racial issues and general program operations. J. Fred Springer, professor of Political Science, advised on the general framework for project research. Our thanks to all at UM-St. Louis.

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An informal group of community advisors assisted in identifying critical issues and potentially useful program strategies related to the risk problem. Oralynn Allen, Jean Barnett, Blaise Boettcher, Adrienne Cuffie, Pat Morton, Michelle O'Brien and Nancy Kroner all participated in this process and deserve our thanks.

In attempting to develop a first-hand, "flesh-an-blood" understanding of the risk phenomenon, a limited number of in-depth interviews were conducted in homes where children and families were at risk. Thanks to Judy Bentley, Pam Sutton and Joe Wiley who conducted those interviews. We also are most grateful to the people who graciously received us into their homes .

Project Respond staff visited numerous programs, both in St. Louis and elsewhere, identified as having programs particularly effective in addressing various aspects of

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The United Way's Community Service Directory was used to identify some 250 local agencies with services and programs addressing aspects of profound sociological risk to children. Agencies identified were then surveyed to obtain basic information about program operations. We are indebted both to United Way for the valuable resource their Community Service Directory provided, as well as to the many individuals who took time to answer Respond 's risk services survey. Thanks are also due to Pat Booker and Roy Tverdik for their work in collecting and collating survey data.

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INTRODUCTION

The way we treat our children tells us something of the future we envision. The willingness of the nation to relegate so many of these poorly housed and poorly fed and poorly educated children to the role of outcasts in a rich society is going to come back to haunt us.

Johnathan Kozol, **Newsweek**
Special Issue, Winter-Spring 1990

America's legacy to its young people includes bad schools, poor health care, deadly addictions, crushing debts--and utter indifference.

Nancy Gibbs, **Time**
October 8, 1990

Even worse is that for the first time in our history, America appears to have accepted the plight of these people as the inevitable result of their own making. Not only is this unconscionable for a nation that is moral, it is unbelievably stupid for a nation that is smart.

The American Millstone,
staff of the **Chicago Tribune**, 1985

Americans have a notoriously short attention span in addressing public issues. When a problem comes to prominence, there is often a limited window of opportunity for engaging it. Recently, the plight of the nation's most disadvantaged children has captured the attention of the popular media. These children include those living in poverty, toddlers who are homeless, babies born drug-impaired, school dropouts who are virtually unemployable, poorly educated high school graduates, victims of violence, the children of children, and, indeed, most children in families headed by young women. It is safe to assume that the clock has begun running on this issue. If it is to be engaged effectively, it must be addressed now, before public attention strays.

Profound childhood risk poses problems of enormous magnitude, complexity, and consequence. This preface attempts to provide an overview of the problems risk imposes on so many children, both nationally and locally. The hope is that in so doing, the horror of such risk will be made clear and the need to address risk will become manifest.

- Two Perspectives on Risk -

Two approaches are employed in this preface in attempting to convey the nature and consequences of profound sociological risk for the children who are its most direct victims, as well as for the broader society. First a short case study portrait of an individual child "at risk" is offered in an effort to provide a view of the real life circumstances in which such children conduct their lives. Risk does not occur in the abstract. It affects individual, flesh-and-blood children in specific, multiple, often unimaginable ways. There is, however, a danger in offering such a narrative portrait. It can easily appear trite, patronizing both the child portrayed and the reader.

The second approach focuses on the breadth and depth of the "risk landscape." A variety of statistics is arrayed in an attempt to outline the dimensions of the risk problem. The intent is to convey, with some precision and sense of scale, the effects of risk on individual children and families, as well as the cost of risk to the broader society. This approach is, admittedly, somewhat antiseptic. It does not convey a visceral sense of the pain and despair that profound sociological risk poses to so many of our children. Sources of the data are included in the report bibliography.

Each of these approaches to portraying risk represents a shorthand attempt to make a mammoth, complex problem at least somewhat comprehensible. So informed, the community ought be better positioned and more motivated to mount the focused, intensive initiatives required to address the serious risks imperiling so many St. Louis children and ultimately the community itself.

In any attempt to portray risk, two dangers arise. First, in the context of specific statistics, it is possible to doubt or disprove the information offered. Secondly, problems arising from risk may be dismissed with the rationalization that they are limited to a small population, or even that the human suffering portrayed is somehow deserved or earned by those who are victimized.

- Three Considerations -

In reviewing the following case study portrait and array of data--as well as in considering the balance of the report--the reader is asked to keep three facts in mind.

First, beyond any individual statistics, the overall weight and thrust of the data is overwhelming and inescapable. **More children in American society now face more serious risks than at any time in recent memory.** In a society where many older, already prosperous, and well-situated people are becoming increasingly affluent, many of the society's children--those who represent its future--are profoundly disadvantaged. **There is, at the moment, no vision or plan at the federal, state, or local level for ameliorating this situation.**

Second, it is important to keep in mind that these statistics focus on children, often infants and young children. These young people have not yet had the opportunity to merit misfortune. They have not defaulted on any of life's opportunities, refused to work, or contrived to manipulate the public welfare system. Any failures and contrivances involved are those of local communities and a broader society that have not provided the resources, supports, and opportunities so basic to childhood that they are frequently asserted as rights.

Finally, the problem of profound sociological risk to children is not confined to its young victims. At a point many contend we have already passed, the damage inflicted on these children begins to undermine the broader society. Overall educational levels fall, crime and social dysfunction rise, the economy becomes less productive and competitive, and basic social institutions lose viability.

* * * * * * * *

- Robert, Age 4 -

Meet Robert. He is only four years old, but already he carries burdens heavy enough to stoop the shoulders and dash the dreams of a grown man.

Robert lives in a tiny apartment over a bar on St. Louis' Near South Side. His family is headed by his 20-year-old mother who dropped out of high school when Robert was born.. He also has a two-year-old brother and an eight-month-old sister.

The family rarely ventures out of the apartment, which is dark and cluttered with empty soda bottles and soiled clothing. They have no central heat. Because his mother feels the neighborhood is unsafe, Robert spends much of his day inside staring at television.

While his favorite cartoons trigger laughter, the sound of footsteps on the apartment stairs make Robert cringe. His mother's boyfriend drinks too much. Twice in the last week he has hit Robert, shouting that the boy was dumb and worthless.

Robert's mother wants a better life for her children. She knows Robert, who was treated for lead poisoning as an infant, and his brother and sister are behind in their immunizations. Unfortunately, the children have not seen a doctor since the neighborhood clinic closed. Yesterday Robert's mother called the WIC program (a special supplemental food program for women, infants, and children) and was told that current funding had run out. She could receive no service. "Check back in six months," a voice told her.

"But what about today?," she thinks. It is always difficult to secure the resources to keep the family together and operating. Sometimes it is impossible. Ever since she lost her job at a nearby laundry, she often finds herself depressed, thinking "what is the use ?"

Robert does not use those exact words, but even at his tender age he is beginning to develop a sense of hopelessness. His dreams extend only to the hope his mother one day will buy him one of the toys he sees advertised on television.

Robert is scheduled to begin kindergarten next fall . He will enter school with a number of developmental, academic, and social disabilities. He is unlikely, either in school or elsewhere, to receive the assistance needed to overcome the deficits imposed on him. His prospects for leading a reasonably comfortable, productive life are dim.

* * * * * * *

- Beyond Robert: The Dimensions of the Risk Problem-

Robert is typical of a large and growing number of this society's children who are at risk because their most basic needs are not met. Such risk arises in the context of an otherwise prosperous society. Included among the risks such children face are insufficient nurturing, poor health care, poverty, and often dangerous and dysfunctional community environments. Robert's fate, and those of children like him, is all too common.

Nationally, more children now face more serious risks than at anytime in recent memory: one child in five lives in poverty, three out of ten never graduate from high school, and more than one child in each 1,000 is currently incarcerated.

Closer to home, statistics paint an equally bleak portrait of the problems facing children. In metropolitan St. Louis it is estimated that nearly 90,000 children are at profound sociological risk, or in acute danger of such risk. The following array of statistics illustrates just some of the risks posed to local children, and the costs of such risk that must be borne by the community.

Parenting:

There are an estimated 6,000 births to teenage mothers each year in metropolitan St. Louis. More than 40 percent are to girls 15-17 years old. One-fifth of total teen births are second, third, or fourth children. Approximately $20 million in medical care costs will be incurred annually related to these pregnancies. More than $80 million in welfare payments will go to these children before they reach age 18.

In St. Louis City and County in 1989 there were 20,070 reported cases of child abuse and neglect in 1989. Investigation substantiated 4,658 of these cases.

Maternal/Child Health Care:

Locally, nearly 30 percent of teenage mothers do not receive adequate prenatal care. No care is received in the first trimester by 40 percent of black, teenage mothers.

An investment of one dollar in prenatal care saves $3.38 in later hospital cost for low-birth weight babies. The cost of prenatal care averages $600 per child. The cost of neonatal intensive care for a low-birth weight newborn average $1,000 per day.

Twenty percent of all children have no health insurance.

Food and Shelter:

Missouri has approximately 10,000 homeless children--3,000 of whom are under 3 years old. The fastest growing segment of the homeless population (some 36 percent) is families with children.

Child Care and Developmental Enrichment:

Half of all mothers with children at home are in the workforce. Almost all have child care needs. The St. Louis area has 147,628 households with children under age six. There are licensed childcare slots for only about 46,000 area children.

In 1990, fewer than one-third of all eligible children locally were enrolled in Project Head Start. Each dollar invested in pre-school education saves $4.75 in later special education, welfare, and prison costs.

Basic Education:

In six of the sixteen zip code areas in the City of St. Louis with significant residential population, more than 50 percent of the children scored below the 30th percentile on key elements of kindergarten readiness test.

In the St. Louis Public Schools dropout rates are approaching 50 percent. Only 30 percent of the students entering school in the mid-1980s have received their high school degrees. The unemployment rate for students who dropped out of school in the mid-1980s is 70 percent.

Community Environment:

Americans murder, assault, rape, and rob one another at a rate exceeding all other industrialized countries. Annually, $4.7 billion is spent on citizen protection.

In 1990, the Juvenile Division of the Twenty-Second Judicial Circuit Court in St. Louis remanded into custody 2,110 young people for felony violations that included armed assault, robbery, and rape.

Poverty and Unemployment:

Child poverty rates are now at the highest levels since the early 1960s. Not only has the number of children in poverty increased in the past decade, but the poor have become poorer while the rich have become richer.

An estimated 46,000 children in St. Louis City--more than 40 percent of all children--live in poverty. Poverty rates for young, female-headed households exceed 66 percent.

Racism:

Nearly half of all African American children live in poverty, as opposed to one in seven Caucasian children. Black children are:

- More than twice as likely as white children to die in the first year of life, see a parent die, or live in sub-standard housing or an institution;
- More than three times as likely to be poor or die of child abuse;
- More than four times as likely to be murdered before adulthood or imprisoned; and
- More than five times as likely to be welfare dependent or die in a fire.

- A Preliminary Geographic View of Risk in the City of St. Louis -

The preceding array of statistics presents a general overview of profound sociological risk to children. The picture it produces, however, is painted with a broad brush. In addressing such risk in a particular community, a much more precise and detailed view of risk must be developed. Local community efforts to address risk must be specifically targeted to the nature of the risk and in scale with the magnitude of the problem.

A primary task of Project Respond in the early stages of its research is to develop a model for assessing risk in the St. Louis community. An initial version of that assessment model is set out in Section C-2 of this report. However, even preliminary findings emerging from the assessment process offer an interesting and consistent view of where in St. Louis profound sociological risk to children is concentrated. The following map offers an initial view of the occurrence of "cumulative" profound, sociological risk in the City of St. Louis.

* * * * * * * *

Map of Multi-Factor Risk By Zip Code

The assessment of cumulative risk depicted by the map on the following page is preliminary. It is not based on execution of the detailed risk assessment model outlined in Section C-3 of this report. Rather than using the more detailed and complex formula, a simpler, shorthand method of calculating cumulative risk to St. Louis children is used here. The map on the facing page is based on a methodology using only eight variables--one key variable from each of the eight primary risk areas identified by Project Respond.

In initially assessing multi-factor risk by zip code (as portrayed on the map) each zip code in the City of St. Louis with significant residential population was ranked from 1 to 16 on each of the eight variables. A ranking of "1" reflected the lowest relative risk and a ranking of "16" represented the greatest risk. Individual "scores" for each variable were then totaled to producing a cumulative risk index for each zip code area.

Risk indices have been grouped into four categories ranging from "grave" to "minimal" risk. The map on the facing page shows the category of risk into which each zip code area in the City of St. Louis falls.

City of St. Louis

Multi-factor Intensity of Risk by Zip Code

- Grave risk
- Serious risk
- Marginal risk
- Minimal risk
- Little population

A. The Problem of Childhood Risk

1. Definition of Risk

The term "at risk" is used in this report to describe the children who are the focus of Project Respond's work. Elsewhere the term is used both broadly and with specific meaning in various settings to describe different types of risk. **As used here, "at risk" refers to children endangered primarily because basic life needs are not met.**

Project Respond is specifically focused on what might be termed profound sociological risk to children. Such risk arises largely from the deprivation of basic childhood needs routinely met for most children in the society. Meeting these needs is so fundamental to the well-being of children that they are often asserted as childhood rights. Deprivations resulting in profound risk may originate in poverty, racial inequity, or broad patterns of familial or community dysfunction.

Such risk is externally imposed on children, rather than based in an inherent disorder or disability. The risk is not random or isolated. Groups of children, often in geographic concentrations, are affected systematically. The risks, therefore, might be termed sociological or "environmental." **Most importantly, such risk can be avoided or controlled by providing endangered children with the resources and supports commonly available to other young people in the society.**

Project Respond has identified eight primary categories in which such risk arises:

a) Insufficient nurturing and family support
b) Unmet basic material needs
c) Poor health care
d) Lack of needed child care or developmental enrichment
e) Inadequate basic schooling
f) Dangerous or dysfunctional community environment
g) Poverty
h) Racism and institutional discrimination

Most children at risk are likely to experience more than one type of serious problem. Indeed, risk in one area usually triggers other difficulties. **It should be noted in listing these risk categories that much of the literature, most project consultants, and the Respond advisory board all consider poverty and racism to constitute special categories of risk. These two risks are particularly insidious and far reaching, causing and compounding risks and problems in other areas.**

2. The Effects of Profound Sociological Risk on Children

Many forces and factors in contemporary American society pose risks to children. The always difficult task of growing up now is complicated by phenomena that include: loss of stability in family structures; social institutions in rapid flux and evolution; a profusion of messages and images promoting materialism and aggression; and the widespread availability of drugs and firearms.

Some children, however, face an additional type of risk that is often wholly disabling. It is the risk that arises from the deprivation and denial of the most basic needs of childhood. Children so imperiled must face the world deprived of virtually all the basic resources and supports commonly available to other children. The plight of such children is determined largely by the circumstances into which they are born. Profound, debilitating problems are their birthright. This group includes babies born into unrelenting poverty; those born drug affected or impaired; children born to parents who are themselves still children; and young people whose families and communities are unable to provide required support and guidance--perhaps even posing an active threat to the children's well-being.

Even if these children are spared the trauma imposed by serious mental or physical disability, their prospects for a comfortable childhood and productive future are dim. The likelihood is that many of their essential life needs will not be met. It is not impossible for these children to escape the dire risks they face and emerge intact, but neither is it likely. Children in this circumstance constitute a large and growing number of the society's young people.

Such risk imposes devastating hardships on children that include:

* Abuse and neglect
* Hunger
* Homelessness
* Poor health
* Failure to acquire critical developmental and life skills
* Inadequate educational preparation
* Early parenthood
* Lack of job skills
* Unemployment
* Life-long poverty and social dependence
* Drug exposure
* Increased rates of arrest and incarceration
* Early, perhaps violent, death

Perhaps most devastating among the effects of profound sociological risk on children is the hopelessness it produces. Children raised in such circumstances are likely to see themselves without positive future prospects. They may feel, rightly, that they have little or no control over their lives. The lessons learned beginning in infancy reinforce the belief there is no real opportunity to improve their plights. Decisions and actions seem unrelated to life outcomes; their, fates preordained. Educational preparation brings no perceivable benefits; hard work does not offer concommittent rewards.

3. The Social and Economic Costs of Sociological Risk

The consequences of serious sociological risk to children are not limited to those young people who are its most direct victims. When severe, widespread risk to children goes untreated--or is allowed to grow unchecked--the repercussions are felt throughout society. Serious crime increases and, as a result, everyone's personal safety and freedom of movement in the community are constrained. Drug abuse rises, increasing personal dysfunction, disrupting families, and creating social dependency. Over time, these problems become entrenched and cyclic. The price of treating them grows.

The most severe social costs of unrelieved childhood risk lie in the future. Large numbers of children with inadequate educational preparation and poor job skills pose a threat to the viability of the economy and the stability of society. An uneducated workforce will not be able to keep the nation's economy productive and competitive. Every social institution

is threatened with the prospect of being overwhelmed by the needs of a large population lacking both skills and resources, unprepared to function effectively or survive comfortably.

Children at risk--drug-impaired newborns, abused children, teen mothers, high school dropouts, and young people living in crushing, unrelieved poverty, among others--struggle with tremendous burdens. That is a cold, hard fact. But another side of the issue is how much these risks to children and families cost the local community and broader society in cold, hard cash. Consider the partial dollar cost of a few aspects of profound risk.

High School Dropouts. Failure to educate children is a devastating expense. Studies show that each school dropout costs society $8,244 annually in lost earnings and taxes. The dropout rate for the St. Louis Public Schools high schools has climbed to about 44 percent. At that rate, 2,622 students will become dropouts from the the 1989-90 enrollment of 5,959. Predictions are that dropout rates in the St. Louis Public Schools will soon rise above 50 percent. Those dropouts will cost the community more than $21 million dollars, a figure that does not include the millions of additional dollars that will be spent on welfare, health care, and other social services for this age group. Equally disturbing is the study which shows that 82 percent of all Americans in prison are high school dropouts.

Teenage Mothers. It is increasingly difficult for most families, other than the wealthy, to support themselves economically. For teenage mothers and their families, it is virtually impossible. As a result, the society pays tremendous costs to support the children of teen mothers--the children of children--in conditions that barely permit survival. Sometimes, in fact, huge support costs are incurred and not even physical survival can be assured. According to a 1983 report by David Walentik supported by the Danforth Foundation, Teenage Pregnancy: Economic Costs to the St. Louis Community, society will pay in the range of $81 million each year to to care for St. Louis families that begin with births to teen mothers. That figure is based on the costs of Aid to Families with Dependent Children, Medicaid, and Food Stamps.

Drug-affected Newborns. Of the approximately 3,800 babies born each year at St. Louis Regional Medical Center, at least one in nine--or approximately 425--is affected by the mothers use of illegal drugs during pregnancy. Many of these children are massively impaired. The average cost of care for each newborn during the first year of their fragile life is $400,000. Drug-affected babies born at Regional Hospital alone cost the taxpayers $170 million dollars each year.

Abused Children. The cost of child abuse runs infinitely higher than dollars and cents. The crime also has a considerable economic impact. Average acute care hospital costs for each severely abused children are $22,000 according to a 1985 study by the St. Louis Child Abuse Network.

Children in Foster Care and Protective Custody. According to the Missouri Division of Family Services, in February 1990 a total of 1,677 children in the City of St. Louis were in such danger they had been removed from their homes by social service authorities and placed in alternative care, foster care, group homes, or a residence other than with their parents. During that same time period, an additional 5,196 city children received protective services, such as counseling, day care provision, and support services to allow the m to stay in their homes. Annual cost of these services is $8,481,848.

Juvenile Offenders. In 1989, 917 juveniles in the City of St. Louis were placed by the courts in the custody of the Division of Youth Services, the agency responsible for incarcerating the most violent and chronic young offenders. That figure represents a 30 percent increase over the previous year. The average stay at a state juvenile facility is just over six months, at a cost to tax payers of $62 per child per day, or a total of $11,532 for each juvenile offender.

Children In Poverty. Many children at risk do not suffer any "extraordinary" misfortune. Rather they are forced to try to survive day-to-day without basic material resources. These children live in long-term, unrelieved poverty. The society also bears the cost of these "routine" risks imposed on young people. In January 1991, 19,355 families in the City of St. Louis received Aid to Families with Dependent Children (AFDC)--an increase of 1,806 families over the previous year. Included among those families were 39,078 children. AFDC payments to these children and families during the month exceeded $4.9 million

The research, advocacy, networking, and program development efforts of Project Respond are focused most specifically on addressing the needs of this population of children whose basic life needs are not met. These children and their families constitute a large, growing, severely disadvantaged population in an otherwise prosperous society. Failure to address the needs of children facing profound sociological risk will have dire individual and societal consequences. Delaying efforts to address such risk will only result in the fiscal and social costs of risk escalating.

B. Project Respond and Its Research

1. Background

Project Respond was begun in the fall of 1989 by a group of educators, social service providers, and clergy working on St. Louis' Northside. The group was motivated by the fact that the problems they addressed on a daily basis were only getting worse. Most disturbing was the large and growing number of children living in wretched, untenable circumstances.

The initial strategy considered by Project Respond was establishment of a direct service program. The program would seek to reduce risk by assisting children in securing basic life needs. Adopting such an approach, however, seemed to raise as many questions as it answered. How could a quickly-established, direct service program avoid being "just more of the same"? Even if a well-designed, effectively operated program was instituted, only a few children would be reached. What could be done for the many others in need?

After reviewing the literature, consulting with community leaders concerned with childhood risk, and carrying out initial research on the profound sociological risks posed to so many local children, Project Respond chose to adopt a policy-oriented approach to the treatment of risk. Respond will direct its research efforts to analyzing the nature and extent of profound sociological risk to the children of St. Louis. That analysis will be followed by identification and refinement of policy and program strategies effective in addressing such risks. Beyond these research functions, the project will attempt to implement and secure long-term community support for major initiatives directed at risk reduction and treatment. Additionally, a direct service program will be operated by Project Respond on a pilot basis, with the dual purpose of providing assistance to individual children and serving as a laboratory for development of effective programmatic approaches to risk treatment.

Respond's primary organizational goal is to work with other community agencies in designing and implementing a comprehensive, coordinated community strategy targeted at reducing and alleviating the effects of the profound sociological risks afflicting a large and growing number of area children. No such strategy currently is in place in St. Louis.

2. Project Strategy

The first objective of Project Respond is to focus the attention of the St. Louis community specifically on the problems and needs of children facing profound sociological risk. Second, Project Respond will assess the current local system for addressing such risk. Although many local programs address the needs of children--with several of these efforts targeted to various types of serious childhood risk--a relatively small portion of the community's resources are dedicated to treating the profound, multiple sociological risks that imperil so many area children.

Three primary considerations require that the local community devote more attention and resources to treatment of profound sociological risk and its many related problems:

1) **Such risk affects an exceptionally large number of children.** Among the various types of serious risks posed to St. Louis children, profound sociological risk is the most prevalent. Although more research into the issue is needed, such risk conceivably endangers more local children than all other types of serious risk combined.

2) **The nature of serious sociological risk makes it unusually difficult to overcome.** Risks encountered are usually multiple and severe, with each risk causing and compounding problems in other critical areas of children's lives. Moreover, such risk deprives children of the most essential need of childhood--a stable supportive base from which to develop skills and conduct their lives. At best, children at risk are denied the most basic forms of nurture and support taken for granted by other children. They may even be totally neglected or actively abused. The assistance and support children need to overcome these extreme hardships is extensive, intensive, and costly.

3) **Traditional social service strategies used by most agencies are not by themselves sufficient to treat profound sociological risk.** Conventional social service approaches are based largely on a model in which supplemental assistance is provided to individuals or families that are largely functioning and intact, even though they may face some serious problems. The multiple, long-term problems facing children deprived of primary needs related to physical well-being and familial and societal support must be addressed in a more comprehensive and intensive fashion than traditional, limited social service strategies allow.

These factors, along with others detailed later in this report, produce a weak local system for addressing the problem of severe sociological risk to children. Despite the ongoing, dedicated efforts of many service agencies and community organizations, the current local system for treating the needs of children facing such risk is overly complex, inadequately funded, and poorly coordinated.

The Metropolitan Association for Philanthropy (MAP) recognized this problem in 1987. In its report "At Risk Youth: Problems, Programs, and Prevention" MAP observed that the community's efforts to treat the problems of at-risk youth were not meeting the needs. In reference to this situation the report stated:

Prevention efforts are minimal. Public support, comprising the majority of financial resources to programs, has not been stable. The needs of youth are not a priority on the public agenda. Youth service agencies are not in agreement about the most effective ways to reach at risk youth....This issue needs to be addressed if the community is to be responsive to its youth.

In a similar vein, focusing on the more specific problem of infant mortality, Operation Childsave in a 1989 report identified "major deficiencies" in the service delivery system for children facing serious health risks.

Project Respond's initial research confirms the findings of these other organizations. St. Louis has no effective, comprehensive system or strategy for addressing the needs of the community's most imperiled children.

St. Louis is by no means unique in this regard. Indications are, however, that this community lags behind many other metropolitan areas in engaging the risk problem.

The St. Louis community needs to set priorities and design and implement a comprehensive and coordinated policy and program strategy effective in addressing the problems of children at profound risk. To be successful, existing individual risk reduction initiatives must be fashioned into an intensive, coordinated, broadly supported community strategy for reducing risk and alleviating its effects. Perhaps most important, efforts to address risk must be full-time and ongoing. Specific provision will have to be made for implementing recommendations, policies, and programs. Conditions related to risk must be monitored on a continuing basis, and initiatives to address risk formally evaluated. This major problem will not be solved through part-time, *ad hoc* efforts.

Again, the Metropolitan Association of Philanthropy addressed this issue in its 1987 report. MAP concluded:

The lack of coordinated public policy, which addresses needs early in a child's life and involves the family, is another barrier to meeting the needs of youth. Public policy can serve as a framework for the allocation of resources where they are most needed. In order to develop public policy regarding services to youth and their families, the community has to identify priorities. This process can provide the incentive to youth serving agencies to further cooperate and coordinate efforts on behalf of children, reach agreement about effective programs, and avoid duplication of services.

A focused, comprehensive, coordinated policy and program agenda for addressing profound sociological risk to area children will not be generated spontaneously by the community. Establishment and implementation of such an agenda must be consciously pursued and carefully structured. Information must be provided to decision-makers, and a process for policy and program development fashioned, refined, and promoted. Political and financial support must be secured.

Primary elements of such a process include:

a) Documenting the nature and extent of local risk;

b) Assessing current community efforts to address risk;

c) Identifying local unmet policy and program needs;

d) Identifying alternative policy and program strategies that might be successfully used in addressing those needs;

e) Selecting, funding, and implementing specific policy and program strategies effective in addressing risk;

f) Monitoring occurrence and treatment of risk on an ongoing basis to assess the extent and impact of profound childhood risk in the community, and evaluate the effectiveness of specific programs and policies employed in addressing such risk.

Another primary objective of Project Respond is to assist the St. Louis community in developing an effective, targeted agenda for treating the profound, multiple sociological risks that devastate the lives of so many area children.

Respond intends to facilitate that process by:

1) Developing and disseminating needed information;

2) Convening key parties to discuss and develop individual components of a comprehensive community strategy for addressing risks; and

3) Advocating for the needs and interests of local children at sociological risk.

In pursuing this strategy, Project Respond will work closely with other local children's organizations and agencies. Linkages also will be established with such national organizations as the Children's Defense Fund.

3. Initial Operations

During its first year of operation, Respond has directed project efforts to facilitating formulation and implementation of a broad community strategy for effectively addressing profound sociological risk to St. Louis children. Two primary activities have provided the focus for Respond's operations:

- A broad-scale research effort is underway to develop the data and policy information needed as a foundation for successful community efforts to address profound sociological risk to children. Research activities will be ongoing. **A detailed model for assessing local risk has been developed. (See Section C). After the model is refined further, detailed research will be carried out. Additionally, a preliminary investigation of primary community needs related to risk treatment, as well as alternative strategies and programs for addressing those needs, has been conducted.** Major findings and recommendations emerging from initial project research also are summarized in this initial project report.

- **A model for a direct-service program targeted to "at risk" children in early adolescence has been developed and is being initiated. Respond will operate the program on a pilot basis for three years. (See Appendix A for program details.)**

4. Specific Functions and Ongoing Project Operations

Respond intends to facilitate development of an informational and procedural framework for addressing risk in the St. Louis community by carrying out four primary functions:

a) Policy Research. Demographic research and analysis of social indicators will detail the nature, extent, causes, and outcomes of serious sociological risk to children. This information will be updated annually and published as a local "report card" on the status of children in the St. Louis community at profound sociological risk. Additional project research will focus on effective community policy and program strategies for addressing profound childhood risk. Findings will be disseminated with a special emphasis placed on putting research data and policy information in the hands of the policy-makers and service providers best positioned to make use of it.

b) Program Development. Respond also will focus on identification, refinement, and local employment of program models effective in treating serious, multiple childhood risk. Special emphasis will be placed on initiation of approaches to risk treatment that make more effective use of the operations of existing agencies. Focus will be on finding means of better targeting and more closely coordinating the efforts of child-serving agencies and organizations already in place. Respond will work with other agencies to serve as a broker in facilitating this process.

c) Pilot Program. Project Respond will operate a direct service pilot program for early adolescents. The pilot will serve as a laboratory for developing an effective, replicable model for addressing the needs of children in this age group. Program participants will receive intensive assistance.

d) Advocacy and Networking. Project Respond's ultimate purpose is to improve the status of St. Louis children at profound sociological risk. Intensive, targeted advocacy, including networking among appropriate organizations, has been identified as the principal means for achieving this goal.

Based on its initial analysis of local problems and needs--and at the recommendation of its Advisory Board and a wide range of persons involved both locally and nationally in the treatment of profound sociological risk to children--Project Respond will operate on an ongoing basis.

C. Model for Detailed Assessment of Risk

1. Need for Detailed Assessment

Profound sociological risk to children cannot be addressed in the abstract. **Successful risk treatment results from executing a complex sequence of tasks related to problem analysis, identification of treatment options, adoption of specific programs and policies, and effective allocation of community resources. Focused, detailed, accurate information is necessary to successful performance of all these tasks.**

Four fundamental questions must be answered in analyzing profound sociological risk to children in a particular community:

a) What types of risk arise and are dominant ?
b) Who are the children most likely to be affected by risk ?
c) How many children in the community are at risk ?
d) Where are profound sociological risks geographically concentrated ?

A primary purpose of Project Respond's research will be development and refinement of the data and information required to answer these questions for metropolitan St. Louis. Beyond simply developing such information, Respond will disseminate research findings to the policy-makers and service providers best positioned to make use of them.

Project Respond has developed an initial research instrument for assessing and analyzing profound sociological risk facing children in St. Louis. That risk assessment model is described below. After refining the model through a broad-based process of review and consultation, Project Respond will carry out a comprehensive, detailed assessment of the profound sociological risks posed to children in the St. Louis community.

2. Nature of the Assessment Model

In assessing the nature and extent of profound sociological risk posed to local children, Project Respond's research is descriptive and normative rather than theoretical and directed to hypothesis testing. Based on its research, **Respond has adopted some primary assumptions about major categories in which risk arises, and specific conditions within those categories that pose profound risk to children.** Major risk categories are outlined earlier in this report. Specific conditions constituting risk are enumerated below.

Project Respond has identified variables that offer a gauge of conditions assumed to pose serious risk. **Gathering and analyzing data related to these measures will provide timely insight into the local incidence, severity, and distribution of risk. That analysis, in turn, will provide the informational foundation required for assessing the adequacy of current local efforts to address risk.** Existing programs and agency operations can then be used as the base for developing new, more effective strategies for risk treatment.

The initial risk assessment model developed by Project Respond is outlined below. In each major risk area, four types of information are presented. This analytic framework reflects both the general conceptual orientation of Respond's risk assessment and the specific informational base to be used in measuring the local nature, occurrence, and concentrations of risk.

Within each of the eight major risk categories a general statement about the nature of the risk is offered. A series of items follows, reflecting the specific assumptions, measures, norms, and data sources used in identifying and gauging risk within the risk area.

Information in the assessment model for each major category of risk includes:

a) Enumeration of specific conditions related to the risk area assumed to pose serious risk to children;

b) Identification of specific variables or data measures used to gauge risks related to each condition enumerated;

c) Presentation of a "norm" for each data measure or variable indicating a threshold point for the emergence of risk and providing a baseline for measuring risk severity.

d) Identification of the source of the data used in conducting risk assessment research.

The express purpose of outlining Project Respond's risk assessment model in this initial report is to allow both professional and academic audiences familiar with risk to have input into refinement of the model. Specific focus of the review will be on identifying conceptual flaws in the model regarding conditions that constitute risk, and correcting any methodological problems related to data collection and analysis.

Initial data gathering and analysis related to Respond's assessment of profound sociological risk to St. Louis children has already begun. Even in unrefined form, the data provides useful information about the nature and extent of local risk. Section D of this report presents some preliminary findings emerging from Respond's initial research.

A general explanation of the methodology for assessing risk follows the outline of the assessment framework. If Project Respond has not yet secured data on a particular risk measure used in the model, the item is marked with an asterisk (*). Any assistance that can be provided in securing the data, or in suggesting suitable, alternate measures, is welcomed.

3. Model Detail: Assumptions, Measures, and Norms

A. Parenting and Family Environment

Inherent in the status as child is the right to nurture and support. Effective parenting requires nurturing, as well as maintenance of a structured, stable family environment. Children lacking such supports face greatly increased odds of encountering profound risk.

Assumption 1: ***Teenage mothers, especially when single, may not be in a position to provide adequate parenting and familial support. Children born to teen mothers, therefore, are more likely to face profound sociological risks.***

Measure: Children born to mothers under 17 years old

Norm**: Rate of births to teen mothers above national average of 12 percent

Data Source: Public health data (St. Louis City/County Health Departments)

Assumption 2: ***Children who are the victims of in-home abuse or neglect likely are not receiving adequate parenting and family support.***

Measure: Rate of child abuse/neglect

Norm: Substantiated abuse/neglect rate above 0.8 percent of total population

Data Source: State social services data (Mo. Div. of Family Services) and U..S. Census

**Norms that are not self-explanatory are based on standards established by "blue ribbon" commissions or government agencies. Norm sources are included in the bibliography.

Assumption 3: ***Populations of children with kindergarten readiness scores reflecting lack of preparedness in key areas of skill development may not have received adequate parental attention and stimulation.***

Measure: Concentrations of children testing poorly in language and mathematics skills on the pre-kindergarten assessment (KIDS) test.

Norm: More than 30 percent of children testing below the 30th percentile

Data Source: KIDS Test Scores (St. Louis Public Schools)

Assumption 4: ***High foster care and protective services placement rates indicate the presence of serious problems related to parenting.***

Measure: Foster care and protective services placement rates

Norm: Local community rates above national averages

Data Source: State social services data (Missouri Division of Family Services)

B. Basic Material Needs: Food and Shelter

If children are to avoid profound risk, regular and adequate provision must be made for their basic material needs related to food and shelter.

Assumption 1: Children's good health and proper development depend on regular provision of adequate nutritious food and a balanced diet. Where food stamp receipt is high, children's nutritional needs may not be met.

Measure: Food stamp receipt by families

Norm: Percent of children receiving food stamps

Data Source: State social service data (Missouri Division of Family Services)

(Other potential variables: Estimates of hunger for localized areas.)

Assumption 2: ***The physical safety, psychological well-being and educational development of children are likely to be endangered by the lack of permanent, decent, shelter.***

Measure: Number of children lacking permanent housing*

Norm: Children with/without permanent, decent housing

Data Source: (Not determined)

Assumption 3: ***Instances of utility shut-off raise serious questions about the adequacy and habitability of housing.***

Measure: Incidence of shut-offs of major utilities (i.e. gas or electric)*

Norm: Rate of shut-offs more than 10 percent above the statewide average

Data Source: Public Service Commission and utilities (Laclede Gas and Union Electric)

(Other potential variables: substandard and condemned housing)

C. Poor Maternal/Child Health Care

Provision of primary health care to pregnant women and young children is essential to reducing serious childhood risks related to physical and mental disability, as well as promotion of proper development.

Assumption 1: ***Presence of certain maternal risk factors (i.e. drug use, prior infant/fetal death, and mother with less than eighth grade education) greatly increases prenatal risk.***

Measure: Cumulative maternal risk scores

Norm: Incidence of one or more maternal risk factors (e..g. prior infant/fetal death) more than 20 percent above the national rate

Data Source: Public health data (City/County Health Departments)

Assumption 2: ***Maternal receipt of prenatal care is central to reducing risk to children.***

Measure: Mothers not receiving adequate prenatal care

Norm: Rate of inadequate prenatal 20 percent above than national average

Data Source: Public health data (City/County Health Departments)

Assumption 3: ***Presence of certain neonatal risk factors (i.e. low birth weight, premature birth, and chemical impairment) greatly increase childhood health risks.***

Measure: Incidence of premature birth, low birth weight, and neonatal chemical dependency 20 percent above the national rate

Norm: Occurrence of risk factors 20 percent above national rate

Data Source: Public heath data (City/County Health Departments)

Assumption 4: ***To avoid and treat health risks, children must have reasonable access to an adequate system of basic primary pediatric care.***

Measure: Children in poverty without Medicaid benefits*

Norm: Percent of children in poverty without Medicaid benefits

Data Source: State medical services data (Mo. Div. of Medical Services) and U.S. Census

Assumption 5: ***Unusually high rates of serious, controllable health problems (such as lead poisoning, substance abuse, infectious diseases, accident/injury, premature death) place children unnecessarily at high health risk.***

Measure: Incidence of selected health risk (such as infectious disease, lead poisoning, premature death, etc.)

Norm: Incidence of risk 25 percent above community average

Data Source: Public health data (City/County Health Departments)

D. Child Care/Developmental Enrichment

Adequate child care and opportunities for developmental enrichment must be provided to those children who need it. Children receiving adequate parenting and developmental assistance may require regular child care while parents work outside the home. Children who do not receive needed stimulation and basic skill development at home will require focused, intensive, compensatory programmatic interventions, such as Project Head Start, if they are to avoid or overcome the effects of risk.

Assumption 1: ***Families requiring child care outside the home need safe, decent, affordable care.***

Measure: Supply and location of licensed day care slots in relationship to the total population of children

Norm: Subsidized, licensed care slots should total 70 percent of children ages - 6 to13 years whose families are eligible for AFDC

Data Source: Social service data (Missouri Division of Family Services)

(Other potential data: Missouri DFS waiting list for vendor care.)

Assumption 2: ***Children whose families cannot, or do not, provide necessary assistance in the acquisition of basic developmental and academic skills require intensive developmental enrichment programs.***

Measure: Availability of programs offering intensive, compensatory early childhood education programs*

Norm: Positions in developmental enrichment programs must be available for 90 percent of children scoring below the 30th percentile on kindergarten readiness tests in the test area.

Data Source: Project Head Start and public school data

(Other potential measures: Ratio of Head Start-eligible children to participants in program. Alternate Norm: Head Start Participation must equal 75 percent of eligibles.)

E. Basic Schooling

Children must receive adequate basic schooling from kindergarten through high school so they are properly equipped to conduct their lives and able to secure employment with an economic future.

Assumption 1: Children must be enrolled in school to benefit from the educational system

Measure: School enrollment and dropout rates*

Norm: All children under age 18 should be enrolled in school

Data Source: Public school data (St. Louis Public Schools)

Assumption 2: Children must be present in school to benefit from the educational process.

Measure: Truancy rates*

Norm: Frequency of truancy rates 10 percent above national rate

Data Source: Public school data (St. Louis Public Schools) and U.S. Dept. of Education

Assumption 3: Children who are eligible for special, compensatory Chapter 1 educational services, but are not receiving them, are placed at serious educational risk.

Measure: Chapter 1-eligible students versus participants

Norm: 90 percent of Chapter 1-eligible students should be served

Data Source: Public school data (St. Louis Public Schools)

Assumption 4: Students not performing essentially at grade level on standardized tests are at educational risk because they lack needed academic skills.

Measure: Standardized test scores

Norm: Below-grade-level performance by more than 20 percent of students

Data Source: Public school data (St. Louis Public Schools)

Assumption 5: Completion of high school is a minimum academic qualification for job market preparation.

Measure: High school graduation rates

Norm: 75 percent of population completing high school

Data Source: U.S. Census

F. Community and Neighborhood Environment

To reduce the prospects of serious risk, children must live in communities and neighborhoods that ensure reasonable safety, reinforce basic values, and do not promote participation in dysfunctional or criminal life styles.

Assumption 1: Children are at risk in high-crime areas, particularly when there are high rates of crimes against persons and/or drug-related crime.

Measure: Uniform crime rates for selected crimes against persons and drug crimes.

Norm: Crime rates 20 percent above national average

Data Source: St. Louis Police Dept./ U.M. - St. Louis

Assumption 2: Children are at increased risk in neighborhoods where gangs are active.

Measure: Youth gangs operating in the area

Norm: Presence/absence of gang activity

Data Source: Police intelligence and academic research data on patterns of gang activity in the community

Assumption 3: ***Particular risk is posed to children by high rates of crimes for which children are the victims.***

Measure: Uniform crime statistics for selected child crimes

Norm: Crime rates for selected crimes 20 percent above national rate

Data Source: St. Louis Police Dept./U.M. - St. Louis

Assumption 4: ***When youth are at profound sociological risk, the lack of available social services in their community directed to risk treatment exacerbates risk and makes it difficult for children to escape or overcome the effects of risk.***

Measure: Social services slots per capita for at-risk children *

Norm: (Norm not established)

Data Source: Project Respond survey of risk-related services

G. Poverty

The absence of basic economic resources often is a primary factor in imposing, maintaining, and exacerbating profound sociological risk to children. When poverty becomes intractable and chronic, it can negatively influence physical well-being, self-image, the ability to control one's life and a sense of hope for the future. The effects of poverty on children must be addressed in the context of the economic situation that affects their families or adult guardian.

Assumption 1: ***Children in families beneath the poverty line are at increased danger of encountering profound sociological risk and becoming entrapped permanently in a cycle of need and dependence.***

Measure: Children in families in poverty

Norm: Children in families in poverty above the national rate

Data Source: U.S. Census

Assumption 2: Continuing, chronic poverty poses extraordinary risks to children and their families.

Measure: Children in long-term poverty

Norm: Percent of children receiving AFDC benefits 18 months or longer
10 percent greater than national average

Data Source: State and national social service data (MO-DFS and HHS)

H. Racism and Institutionalized Discrimination

The often discriminatory manner in which society treats minority group members increases the likelihood that minority children will face serious social and educational risk. Concentrations of minority children (in St. Louis, largely African American children) increases profound sociological risk because of the subjugation of this population to the various forms of racism that result in risk.

Institutional discrimination is a form of racism in which social institutions do not equitably extend opportunities to individuals or fairly distribute social and economic resources. African American children are among the groups most likely to find themselves victims of such discrimination. These children are apt to face increased risk because they are less likely to receive needed resources and services.

Cultural racism occurs when all members of society are exposed to a broad range of negative images, messages and practices denigrating racial minorities. There is strong suggestion and constant reinforcement of the idea that minority group members are inferior. Minority children are especially affected by cultural racism because it limits their concept of personal worth, including their view of their abilities and social expectations.

Assumption 1: Being a minority group member, especially an African American child, increases the likelihood of risk by making individuals the subjects of racism and targets of discrimination.

Measure: Racial designation as "black" in the U.S. Census

Norm: Percent of population designated as "black"

Data Source: U.S. Census

Assumption 2: Minority group children living in racially isolated areas more easily become the victims of institutional discrimination and social neglect.

Measure: Racial isolation index of community

Norm: Racial isolation index higher than .75

Data Source: U.S. Census/Project Respond

4. Technical Notes on Assessment Model and Data Analysis

After risk assessment data is collected, Respond will format and analyze the information so it has maximum value in helping the community develop a better understanding of the profound sociological risks posed to local children. Respond's research will be directed to three major functions related to the clarification of local risk.

Those functions are:

a) Identification of the types of risk arising locally;

b) Assessment of the level or extent of each type of risk;

c) Analysis of risk patterns to pinpoint geographic areas and population groups where risks are concentrated.

a) Types of Risk

As indicated, Project Respond has identified eight primary categories of profound sociological risk to children. In the assessment model, these eight categories are used to classify major conditions that pose serious risk. Three issues related to the process of risk classification merit comment.

First, within each of the eight major risk categories, many individual types of risk arise. For example, lead poisoning, premature death, and lack of prenatal care are among the many specific risks that might occur in the category of child and maternal health. The

research model, as outlined above, uses specific, selected factors related to each major category of risk as a means of assessing general risk within the risk category.

Second, risk categories are not wholly discrete. A particular manifestation of risk--failure to complete high school for instance--may have its genesis in a number of risk categories (such as parenting, community environment, and inadequate educational opportunities). In structuring the risk assessment model, it has been necessary to place individual risk factors within discrete risk categories. A judgement has been made for each risk factor regarding the primary risk category into which it is most appropriately placed.

Finally, profound sociological risks are more likely to occur in combination than individually. Children imperiled by such risks face a different type of problem than "intact" children in stable, functioning settings who experience single or limited types of risk. Profound sociological risk produces an effect greater than the sum of its parts.

It is suggested in this report that effectively addressing multiple, profound risks requires a treatment approach that extends beyond the fragmented provision of a series of unrelated, individual services. Problems of an especially severe nature require special, intensive treatment.

Given this orientation to profound sociological risk, there is admittedly something of a paradox in breaking the analysis of that risk down into what appear as discrete component elements. The intent, however, is to develop a method for appraising such risk that allows specific, focused programs to be targeted precisely to the types of risk that are most prevalent and problematic. This approach is also helpful in facilitating effective, prioritized allocation of community resources to address the problems that most seriously endanger the community and its residents.

b) Seriousness and Prevalence of Risks

In planning to address the profound sociological risk imperiling children in a particular community, it it not enough simply to know the types of risk that occur. It is also necessary to know the relative levels of danger posed by each type of risk. More serious risks will require more urgent community efforts. Higher levels of a particular type of risk, or of "cumulative risk," will require more resources and intensive programmatic efforts to be addressed effectively.

Lack of parental support, chronic poverty, and inadequate prenatal care, for example, is a combination of factors likely to place children at a higher level of risk than residing in a "bad" neighborhood and/or attending a school that is academically weak. In an effort to accommodate this dynamic of risk, each primary category of risk in the assessment model is assigned a specific weight. Some risks are believed to pose a higher level of peril than others, so they are assigned higher weights. The specific purpose of this weighting is to allow calculation of cumulative risk "scores" that reflect concentrations of total risk in specific locations.

The proposed weights assigned to each risk category are not statistically derived. Weights are based on analyses in the literature and consultation with experienced, professional service providers regarding the types of risk that pose the greatest dangers to children. As listed below, weights for each risk category reflect Project Respond's view of the relative danger that each type of risk poses to children. All eight types of risk are regarded as important in risk imposition.

The weights Project Respond has assigned to each major category of risk follow:

a) Insufficient nurturing and family support (1.0)
b) Unmet basic material needs (1.0)
c) Poor health care (.95)
d) Poverty (.90)
e) Racism and institutional discrimination (.90)
f) Lack of needed child care or developmental enrichment (.90)
g) Inadequate basic schooling (.85)
h) Dangerous or dysfunctional community environment (.85)

c) Patterns of Risk and Geographic Focus of Research

As suggested above, it is important to determine the geographic areas in which particular risks are concentrated, as well as being able to track how risk varies in a particular location over time. That information allows both general and specialized risk treatment initiatives to be targeted where needs are greatest. It also provides an indication of the effectiveness of efforts to address risk.

As part of its research, Project Respond is developing a set of maps of St. Louis depicting the "landscape" of local risk. These maps show where different types of risk occur, as well as the level and intensity of both cumulative and individual types of risk. In order to develop

such maps, assessment data must be collected for small geographic areas, in addition to the community as a whole.

In the initial phase of its assessment research, Project Respond has focused risk analysis primarily on the City of St. Louis. There are several reasons for that decision.

First, indications are that the largest local concentrations of children at profound sociological risk are found in the City of St. Louis. Focusing risk assessment efforts there directs attention and analysis where the need apparently is greatest.

A second reason for initially concentrating risk analysis in the city relates to Respond's research findings related to effective treatment of risk. Indications are that profound sociological risk to children is best addressed through intensive, comprehensive, well-coordinated policy and program strategies. **Local governmental fragmentation in metropolitan St. Louis results in a situation where many units of local government lack the organizational capacity to mount a major, broad-scale campaign for risk treatment.** Although St. Louis city may have relatively limited fiscal resources to devote to addressing profound sociological risk, it does possess the governmental structure and organizational capacity to mount a campaign for risk treatment. There are indications, as well, that the City of St. Louis may be one of the few local jurisdictions with an understanding of the risk issue and a political interest in addressing it.

Several caveats must be attached to Respond's decision to focus initial, detailed analysis of profound sociological risk on children in St. Louis city. **While initial project research focuses on the City of St. Louis, it must be noted that many city children are not at risk. Additionally, many children are served adequately by local social and educational institutions.** On occasion, the dynamics of racial isolation and the nearby presence of poverty may impair the ability of some children to entirely escape the effects of risk, but most city children and their families, nevertheless, function comfortably and productively, free of profound risk.

It is also should be noted that Project Respond recognizes that there are many area children outside the City of St. Louis who face profound sociological risks. Concentrating initial assessment research in the City of St. Louis in no way diminishes the need to address the risks posed to children in other portions of the St. Louis community. Later phases of Project Respond's assessment research will be extended throughout the metropolitan region in order to assess the profound sociological risks facing all St. Louis children.

In conducting the initial assessment of risk within the City of St. Louis, both zip code and census tract areas have been used as base units for geographic analysis. There are 18 zip codes within the city, with each representing somewhat localized areas that include a variety of neighborhoods, school attendance areas, etc. Since two of the zip codes in the downtown area contain very few residents, analysis has been confined to the 16 zip code areas in the city with significant residential population.

The city also contains 113 census tracts. These census tracts represent small and discrete neighborhood areas, thus permitting much more detailed geographic analysis of risk. Whenever possible, Project Respond has collected data at the census tract level, so the most precise possible geographic view of risk can be obtained.

While it would be preferable to use a single geographic unit of analysis, the form in which assessment data on various risk factors is available does not allow that option. Data with both zip code and census tract bases has been used in Project Respond's research. When cumulative risk indices are calculated for geographic areas, census tract data often has been aggregated up to the zip code level. It is not possible to accurately and reliably disaggregate zip code data down to census tract areas.

d) Limitations of Data

Several technical issues related to collection and analysis of assessment should be noted.

All of the statistical data used in developing risk assessments are from secondary sources. Project Respond did not conduct any original quantitative research in gathering data to assess risk. Secondary research data was used carefully and selectively, however. It was used only when there was confidence that it was sound. If reliable data for a desired measure could not be secured, the measure was not used in the preliminary assessment.

In an effort to make risk assessment as current as possible, data on each risk measure was collected for the most recent annual period available. In most instances, it was possible to secure data from the past one to three years. When cumulative risk for specific geographic areas is calculated, it should be noted that component data are not necessarily for the same annual period.

Finally, in conducting demographic analysis related to risk, project research has been hampered by an inability to secure detailed, current demographic data. When the risk assessment was initiated, Respond relied on the announced summer 1990 availability of detailed information from the 1988 U. S. Census Dress Rehearsal conducted in the City of St. Louis. In fact, that data has never been made available.

Detailed analysis of demographic factors related to risk is therefore dependent in part on use of 1980 census data. There are obvious problems with use of that data. First, it is old. More than 10 years have passed since it was collected. Second, there are strong indications that precisely during the decade in question there were sharp increases in the types of profound sociological risk on which Project Respond is focused.

Respond's initial assessment of profound sociological risk to children in the St. Louis city has been developed by using a mix of demographic information. Preliminary data from the 1990 U.S. Census, partial data from the 1988 Census Dress Rehearsal, demographic estimates developed by local agencies and when unavoidable, 1980 U.S. Census data all have been employed in preliminary demographic analyses. When detailed data from the 1990 U.S. Census of Population and Housing becomes available in upcoming months, it will be possible to substantially upgrade Respond's analysis of demographic factors related to risk by infusing the new data into the assessment model.

D. Preliminary Research Findings

During its first year of operation, Project Respond's major research efforts focused on basic questions related to the occurrence and treatment of profound sociological risks affecting St. Louis children. Some of the preliminary findings are summarized here.

Although in preliminary form, initial research findings offer some useful insights into the local nature and extent of profound sociological risk to area children. Project research also addressed the status of local efforts to treat profound risk, and policy options and programmatic approaches for successfully engaging the risk issue.

Project research is directed at generating the information required to answer three major questions related to the local occurrence and treatment of profound sociological risk:

1) What is the nature and extent of such risk locally?

2) What is being done currently in St. Louis to address such risk ?

3) What policy and program options are available for addressing local risks more effectively?

The summary of preliminary research findings presented here is based on partial execution of the risk assessment model outlined in Section C of this report. A complete, detailed assessment of local risk has not yet been carried out because of the need to secure additional data, as well as the desire to refine the assessment model in collaboration with other parties familiar with the risk issue.

In addition to partial execution of the risk assessment model and conduct of some preliminary demographic analysis, as part of initial research efforts Project Respond conducted both in-depth personal interviews and a survey of current, risk-related community services.

A series of in-depth interviews were conducted with a small group of families with children "at risk." Besides being trapped in long-term, cyclical poverty, a variety of other problems placed these families and children at profound risk. In-depth interviews were conducted in order to give project researchers an understanding of profound sociological risk that extends beyond simple collection and analysis of statistical data.

A second, more systematic, survey was conducted of local agencies and organizations with services apparently addressing profound sociological risk. The basic information solicited concerned the risks addressed, services provided, and the number of families and children served. Some 250 agencies, either located in the City of St. Louis or serving the entire metropolitan-area, were asked to complete a survey form. After telephone follow-up, responses were secured from 237 (94 per cent) of these agencies. Some preliminary survey results are included among the research findings presented here.

Finally, an extensive review of the literature was conducted to identify policy strategies and programmatic approaches that have proven effective in addressing profound sociological risk to children. Site visits were made to programs employing models that are particularly successful in addressing risk. A list of programs visited is included at the end of Appendix B. The goal was to develop an inventory of techniques that might be appropriate for use in St. Louis in improving local risk treatment efforts. Some of those policy strategy options and programmatic approaches are outlined later in this report.

1. Demographics of Risk

An important aspect of risk treatment is identifying the population groups that regularly face profound sociological risk. Data on the total number of children at risk, the types of risk they face, and the location of concentrations of risk all have implications for devising effective strategies for risk treatment.

It is suggested here that identification of children at risk must focus on the status of families. Since children function primarily within families, it is the conditions imperiling families that place children at risk.

Since there is a high level of correlation between profound sociological risk and poverty, Project Respond used poverty status as a demographic indicator for St. Louis children and families likely to find themselves at profound risk.

Because current, detailed census data is not now available, deriving sound figures on the number of local children and families currently living in poverty is not a simple, straightforward process. Population counts and characteristics from the 1980 Census, as well as the 1988 Census Dress Rehearsal in the City of St. Louis, do provide a general basis on which to estimate poverty and therefore vulnerability to profound sociological risk. The following preliminary demographic analysis focuses primarily St. Louis city.

The current population of the City of St. Louis is approximately 396,200, a decline from 1980. The rate of population decline is, however, less than for the three previous census periods between 1950 and 1980. During that 30-year period, the percentage of the city's population in poverty -- and therefore potentially at risk -- has increased with each diennial census. In 1980, 21.8 percent percent of the city's total population reportedly lived in poverty. This trend toward increasing poverty in the City of St. Louis--plus specific indicators that the number of poor people in the population increased markedly between 1980 and 1990--suggests that currently an even higher percentage of the city's population is likely to be in poverty, and therefore at risk. A conservative estimate of the portion of the population of the City of St.Louis living in poverty would be on the order of 25 percent. The picture is still more bleak.

One of the most unfortunate aspects of poverty and related profound sociological risk is that children are its most frequent and most vulnerable victims. The percentage of children at profound sociological risk in a given community almost always exceeds the portion of the general population that is at similar risk. In 1984, for example, 22 percent of the city's total population was estimated to be poor, but nearly 34 percent of the city's population of children lived in poverty.

The 1988 census dress rehearsal in the City of St. Louis counted 100,414 children between the ages of birth and 18. Approximately 40 percent of those children, about 40,000, currently receive AFDC benefits. Since the percentage of eligible persons receiving AFDC is lower than the percent of people in poverty--and 34 percent of the City's population of children were already in poverty in 1984, with the trend toward poverty increasing--it is now likely that a minimum of 42 percent of the children in the City of St. Louis are poor, and therefore very possibly at profound risk.

With some 42,000 St. Louis children living in poverty, and a variety of factors in addition to poverty placing children at profound risk, **In excess of 50,000 children in the City of St. Louis may be at profound sociological risk, or in acute danger of such risk. In the balance of the St. Louis metropolitan region, it is likely that almost that number of children again face similar risk. The total number of local children imperiled by serious sociological risk is, therefore, probably in the range of 90,000 - 100,000.**

2. Nature and Extent of Local Risk

When the assessment model outlined in Section C of this report is refined and executed, it will provide a detailed overview of the profound sociological risk posed to children in St. Louis. **Even the preliminary research findings presented here, however, provide some insight into the sociological risks imperiling St. Louis children. Basic patterns of risk occurrence are reflected in the initial data.**

A sampling of some of the data is offered below. While it is partial and unrefined, it is sufficient to alert St. Louis to presence of a major problem requiring focused, intensive treatment. Early data also gives some shape and proportion to the local risk problem.

Project Respond additionally has developed preliminary information related to two programmatic aspects of risk treatment. Current local efforts to address profound risk are examined first. Respond also has developed program information related to model strategies and programs for risk treatment. Program information was generated through Respond's survey of current services, review of the literature on risk treatment, site visits, and interviews with persons involved in addressing risk.

The preliminary findings are meant to focus the attention of the St. Louis community on the character and scope of the serious sociological risk facing local children. The findings are not offered, however, only for informational purposes. **Selected preliminary research findings are detailed in order to begin preparing local policy-makers and service providers to improve the local system for addressing profound sociological risk facing St. Louis children.**

These preliminary findings provide a starting point for four critical functions:

a) Developing a better community understanding of the risk problem;
b) Emphasizing the need to address these risks;
c) Identifying issues requiring further research; and
d) Selecting policy and program strategies for treating risk.

The following series of graphs depicts data for one risk measure related to each of the eight major categories of risk identified by Respond. As presented here, data for each variable is intended to be considered in its own right. It is not yet incorporated into a refined, cohesive, multi-factor analysis of local risk.

A summary explanation of the data and its method of presentation accompanies each of the graphs that follow. It should be noted that the zip code map reflecting cumulative risk (presented in the Introduction to this report on page 9) does not represent a calculation of cumulative risk based on the methodology described in the assessment model. Because data on all the variables in the assessment model are not yet in hand, a shorthand method of calculating cumulative risk based on the eight select variables illustrated below was used. An explanation of that methodology accompanies the map.

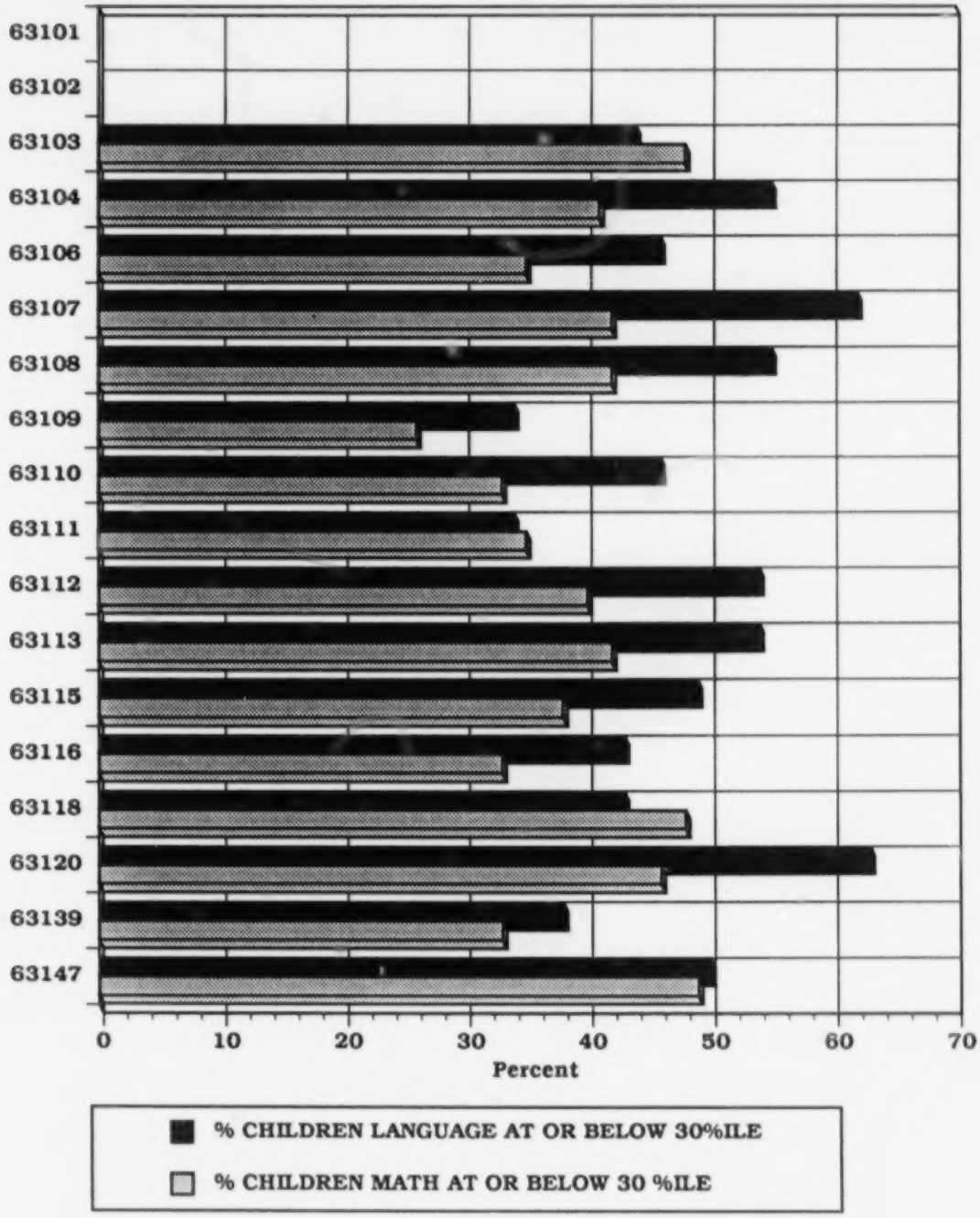
Graph #1 - KIDS Test Scores by Zip Code: Kindergarten Readiness

The St. Louis Public Schools administers the Kindergarten Inventory of Developmental Skills (KIDS) test to all children entering kindergarten. The test measurers basic skills and kindergarten readiness in five important academic areas. The graph on the following page reflects cumulative performance by zip code area for children taking the KIDS test at all schools located within each zip code. Test scores in two basic skill areas--mathematics and language--are depicted on the graph.

Specifically, the graph shows the percentage of children taking the KIDS test within each zip code area who tested below the 30 percentile on math and language readiness. Normally, only 30 percent of children tested should score at the 30 percentile or lower. Respond assumes that very serious educational risk is present in any instance in which more than 50 percent of the children test below the 30 percentile.

Kindergarten readiness is regarded in Project Respond's assessment model primarily as a measure of parenting.

Graph # 1
Percent of Children Scoring below the 30th Percentile in Language and Math: KIDS Test, 1989.
(Risk Area: Parenting and Family Environment)

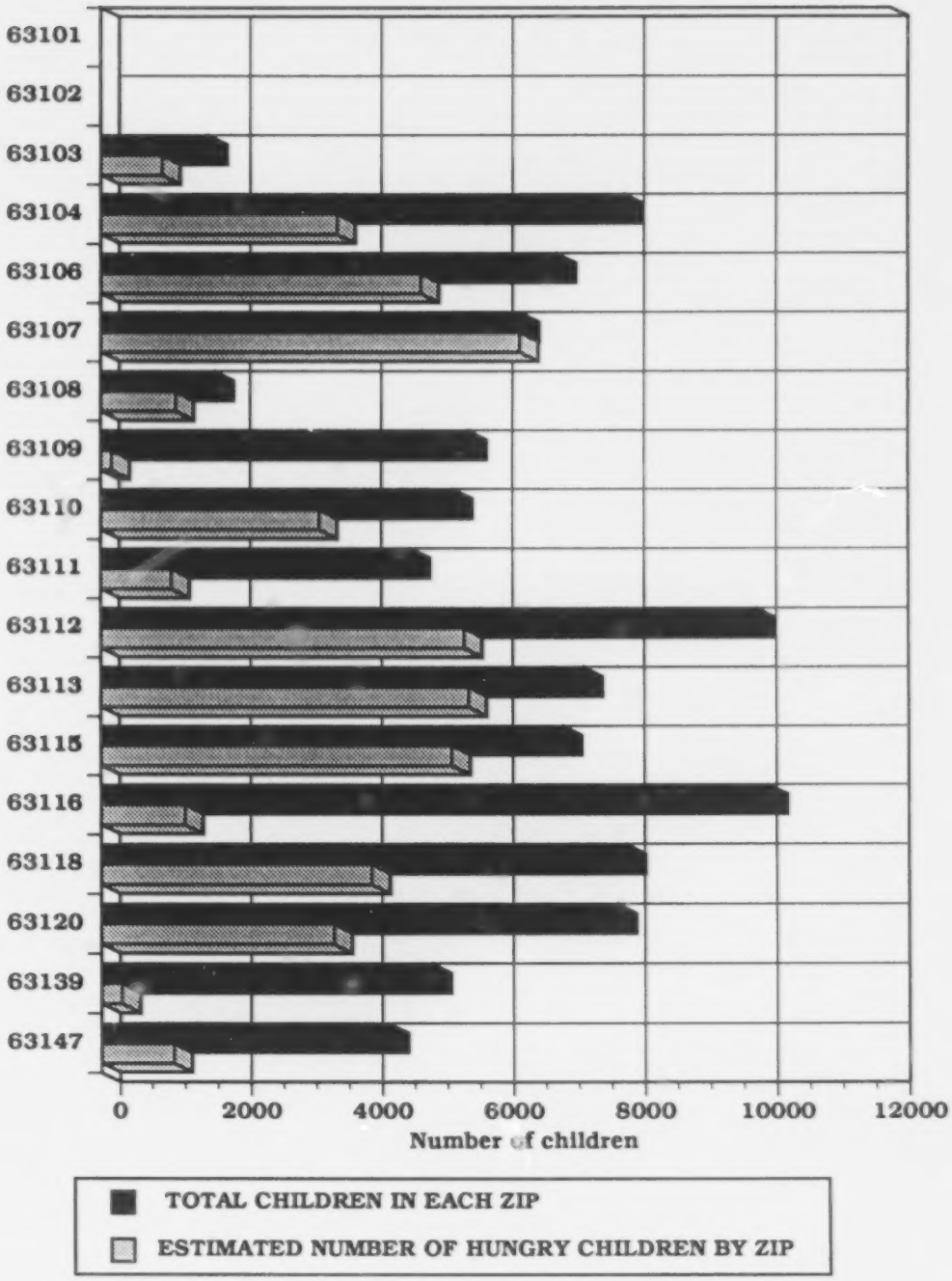


Graph # 2 - Estimated Number of Children for Whom Adequate Food Is At Issue

Hunger is a problem that has been on the increase throughout the nation in the last decade. Children have been particularly hard hit by the rise in hunger.

The graph on the facing page reflects estimates of the number of children by zip code area in the City of St. Louis for whom regularly securing adequate food is a problem. Children for whom hunger is a problem need not be facing starvation or suffering from clinical malnutrition. Hunger is a problem when children regularly do not eat properly, or when there is frequently a question about how their next meal will be provided.

Graph # 2
Estimated Number of Children for Whom Adequate Nutrition is an Issue
(Risk Area: Basic Material Needs)

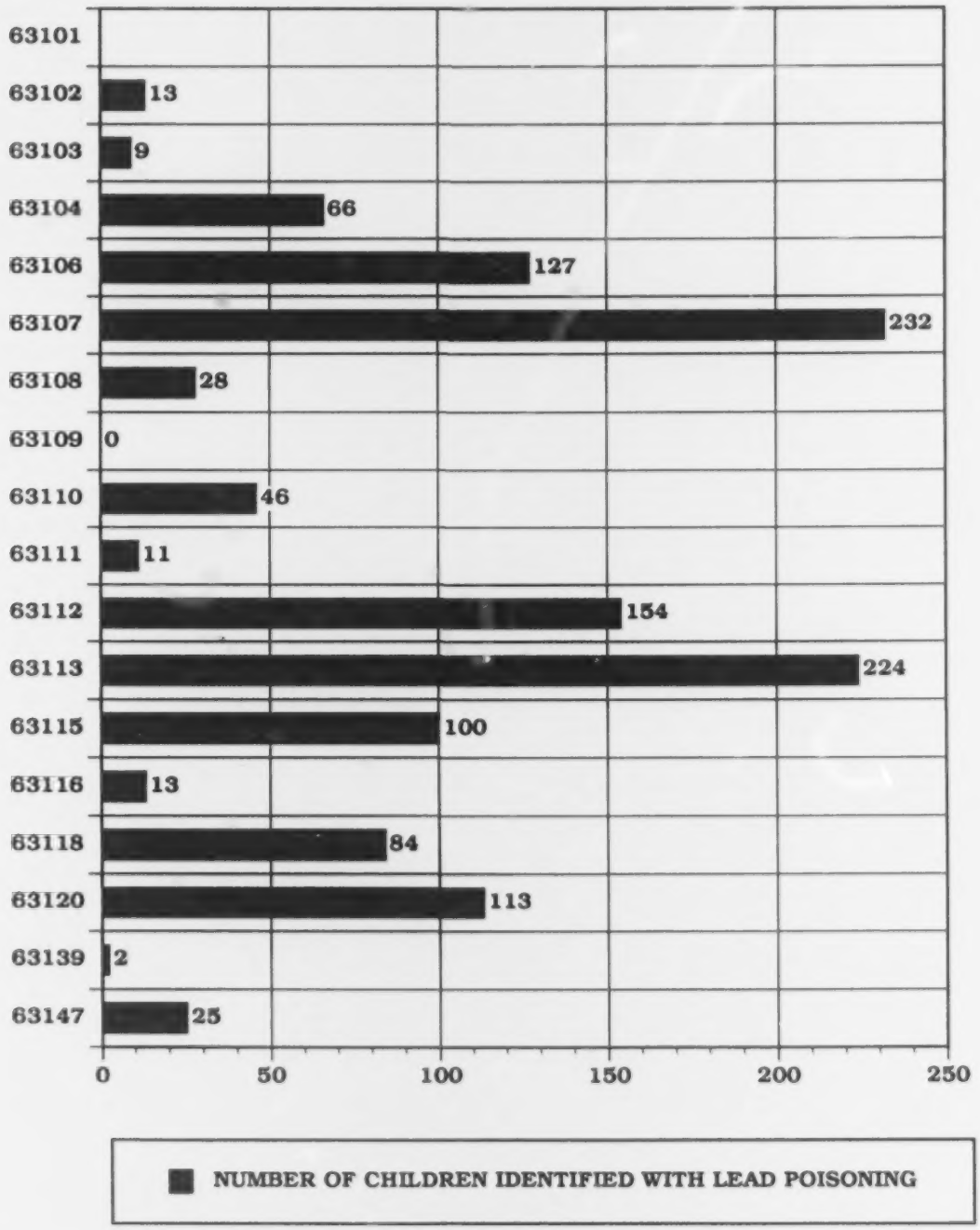


Graph # 3 - Lead Poisoning: Identified Cases of Lead Poisoning by Zip Code in 1989

Lead poisoning is a widespread problem, primarily affecting children who live in older buildings where the use of lead paint was commonplace. The effects of lead poisoning are serious. They involve both physical illness and impairment of mental function. Lead poisoning poses a particular threat to children by interfering with their physiological development during critical, formative years.

The graph on the opposing page depicts the identified cases of lead poisoning by zip code area in the City of St. Louis for 1989.

Graph # 3
Number of Children Identified with Lead Poisoning by Zip Code 1989 - 1990
(Risk Area: Maternal and Child Health)



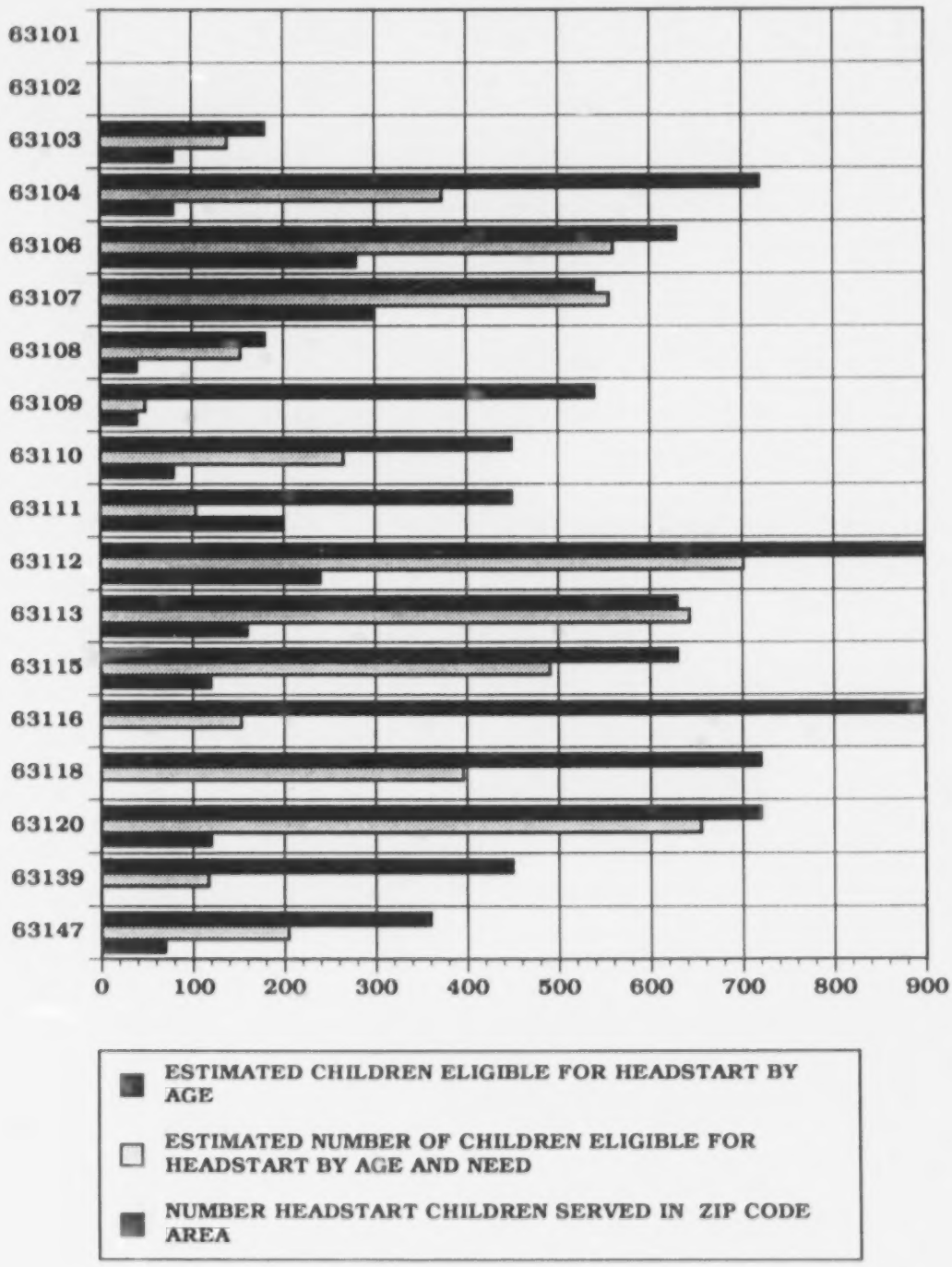
Graph # 4 - Estimated Number of Children Eligible for Project Head Start Versus the Number of Children Served by Zip Code Area

Children who do not receive adequate intellectual stimulation in their early years are likely to fall behind on the learning curve. In later years, because these children lack the basic developmental and educational skills required to acquire and process information, their educational performance continues to lag behind that of their peers.

Project Head Start, a developmental enrichment program for children in their pre-school years, has repeatedly proven highly successful in helping children overcome early developmental deficits and acquire critical learning skills. Full funding for Head Start and the ability of the program to take in all children who are eligible has been pledged. But program funding and capacity still lag far behind the number of children who would profit from program participation.

The graph on the following page compares estimates of Head Start-eligible children for each zip code in the City of St. Louis with reports of the number of children actually served within the zip code area. The total number of children in the eligible age category is included as a reference point.

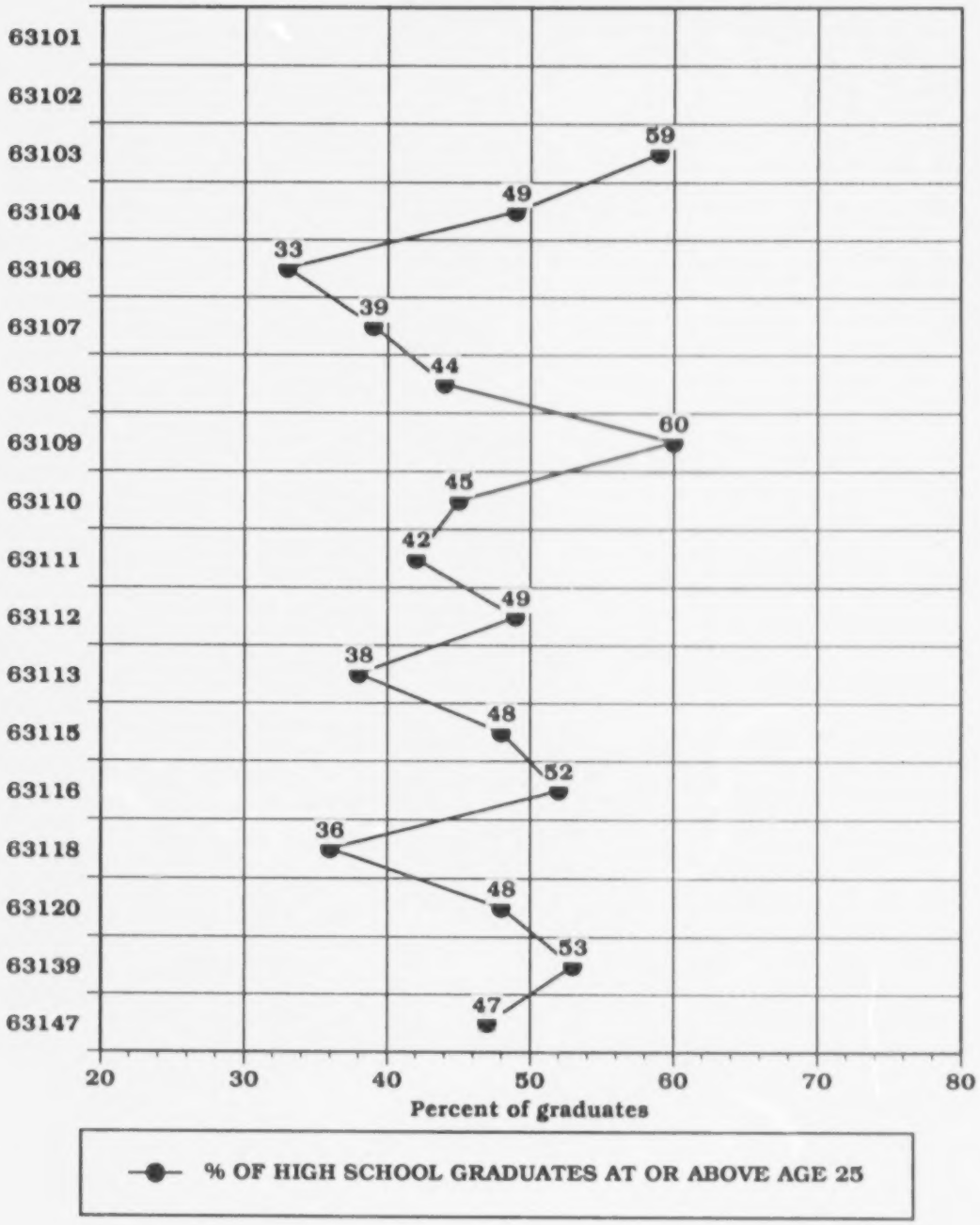
Graph # 4
Number of Children Eligible for Headstart and the Number Served
(Risk Area: Child Care and Developmental Enrichment)



Graph # 5 - High School Completion Rates by Zip Code

There is virtually no type of employment that offers an economic future for young people who have not completed high school. The graph on the following page shows the percentage of persons 25 years old and above who have completed high school within each zip code area in the City of St. Louis . Serious risk is considered to occur in instances in which at least half of the persons 25 years and older are not high school graduates.

Graph # 5
Percentage of High School Graduates At or Above 25 Years of Age by Zip Code
(Risk Area: Basic Schooling)

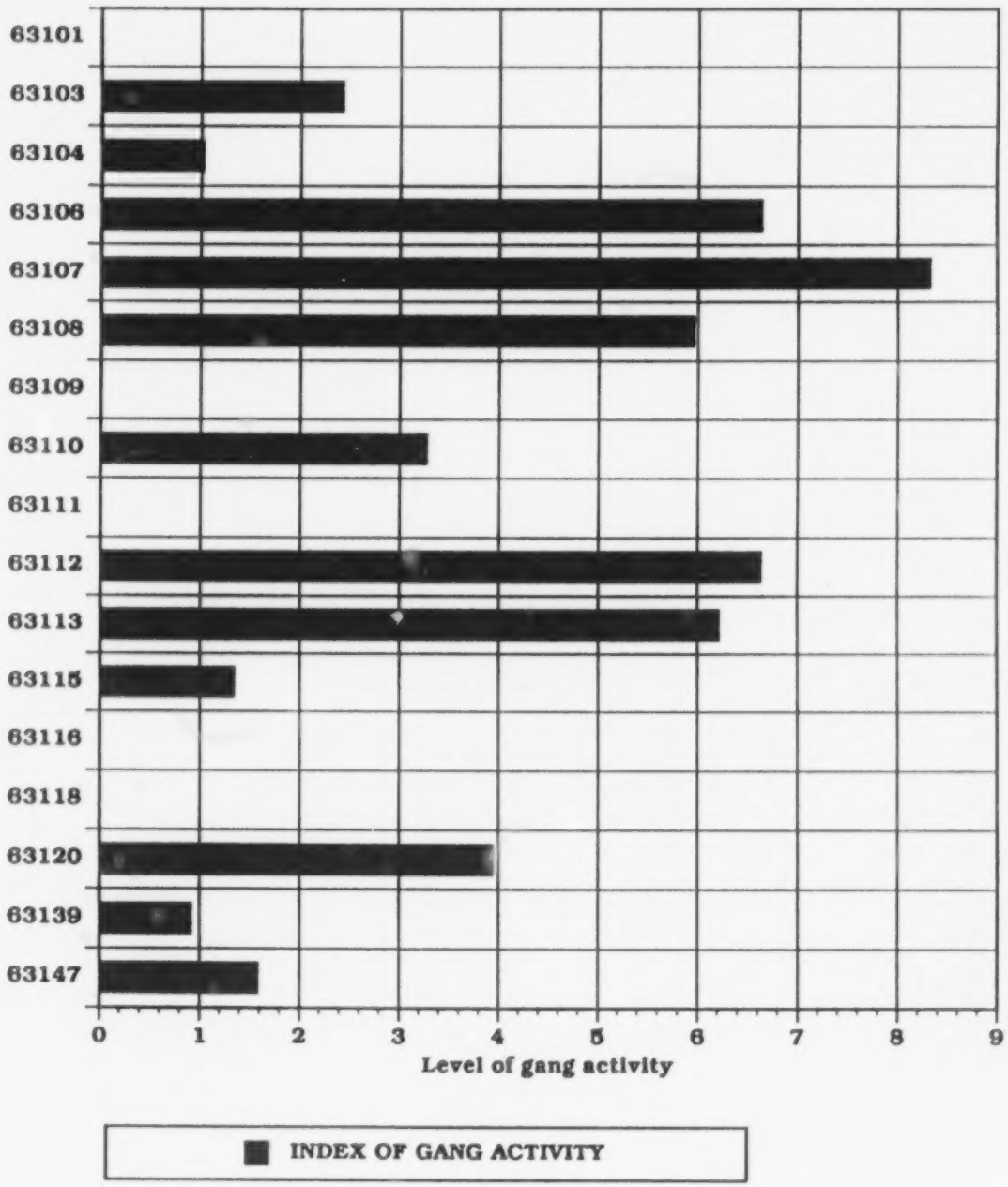


Graph #6 - Index of Gang Activity by Zip Code

The activity of youth gangs is a factor which has a negative influence on neighborhood and community environment. Children are placed at risk by related drug use, crime, and violence--as well as inducements to criminal behavior and dysfunctional lifestyles.

The graph on the facing page reflects estimates of the level of gang activity for each zip code in the City of St. Louis. The index is based on the number of census tracts in the zip code where police intelligence and academic sources report the presence of gang activity.

Graph # 6
Index of Gang Activity by Zip Code
(Risk Area: Community and Neighborhood Environment)

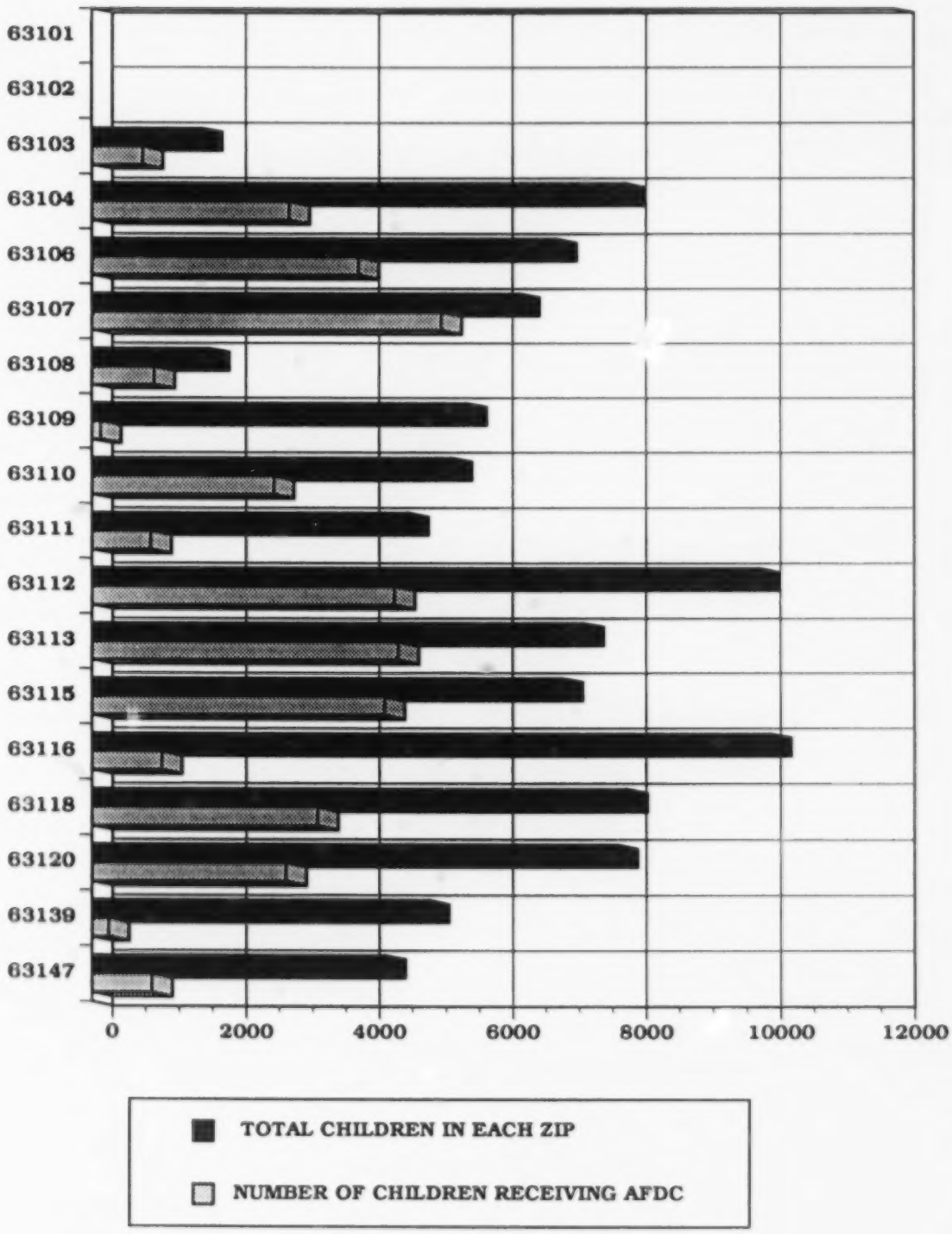


Graph # 7 - Childhood Receipt of AFDC by Zip Code

Poverty is a factor that places children in greatly increased danger of experiencing profound, multiple sociological risk. Receipt of Aid to Families with Dependent Children is one indicator of the presence and levels of poverty, and therefore of the levels of risk posed to children.

The graph on the following page reflects the percentage of children in each zip code in the City of St. Louis whose families received AFDC in 1990. It should be noted that AFDC receipt only provides a relative measure of poverty and risk for geographic areas within the city. Since not all children living in poverty receive AFDC, actual rates of poverty and related risk are actually higher.

Graph # 7
Childhood Receipt of AFDC by Zip Code
(Risk Area: Poverty)



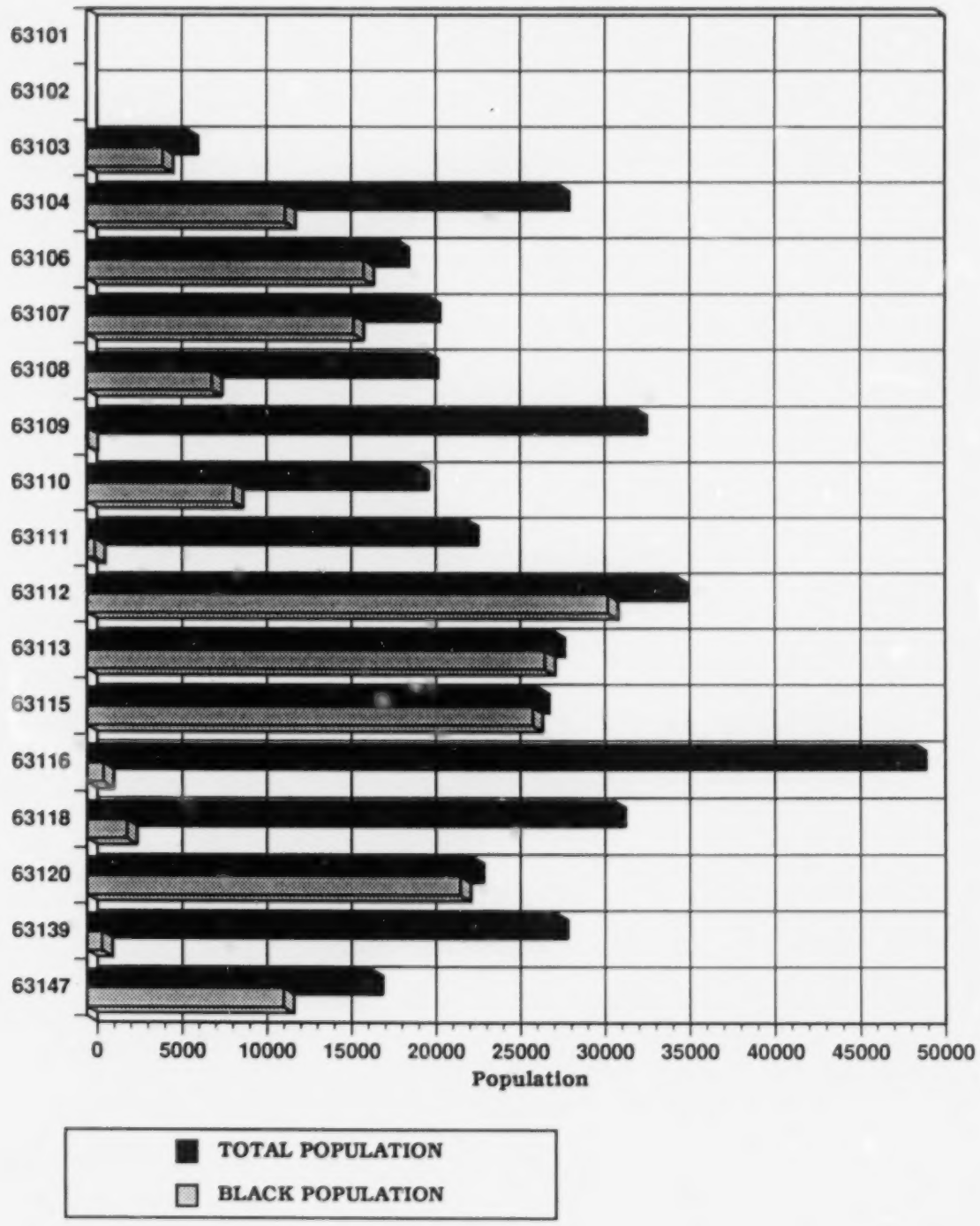
Graph # 8 - Black Population by Zip Code

Various forms of racism and institutional discrimination place minority children at risk by making them the targets of negative social treatment, and denying them access to an equitable share of the society's resources. In St. Louis, African American children are the group of young people most likely to be subjected to various forms of racism and institutional discrimination.

The graph on the following page, based on data from the 1988 U.S. Census Dress Rehearsal in the City of St. Louis, shows the black population for each zip code in the City of St. Louis in proportion to the total population of the zip code area.

This data can provide an indicator of race-related risk in two ways. First, since it is minority status that makes individuals the subjects of racism, the effects of racism can be assumed to be concentrated where the highest number of minority group members reside. Similarly, since institutional racism--including inequitable distribution of public resources--can be practiced most easily where there are high concentrations of minority population, this form of racism is likely to be problematic where the proportion of black population to white population is highest.

Graph #8
Total Population and Black Population by Zip Code
(Risk Area: Racism)



3. Current Local Efforts to Address Risk

In order to accurately evaluate and ultimately improve community efforts to address profound sociological risks to children, it is necessary to have a sound grasp of existing community programs and services targeted to risk treatment. **The nature and scope of new initiatives directed to addressing risk ought be determined by the gap between projected service needs and current service provision.**

- The Local System for Addressing Risk: Preliminary Survey Findings -

In conducting its initial survey of services for children at profound sociological risk, Respond used the United Way's 1989-1990 Community Service Directory to identify organizations that provide direct services to children. Working from that inventory of agencies and programs, project staff reviewed program descriptions to identify agencies that appeared to offer services for children at profound risk. Organizations that provided services to families, as well as children, were included in the inventory, since Project Respond believes that most childhood risks are based in family situations. Using this approach, 251 agencies and organizations were identified.

A short questionnaire was then mailed to each organization to solicit basic information about its operations. Agencies were asked to mail back the completed survey, or wait for a phone call from Respond to secure answers to the questionnaire.

The information sought included:

1) Primary type(s) of risk the program addressed (based on Respond's eight major categories of risk enumerated above);

2) Nature of services provided to address risks;

3) Estimate of the number of children and families served annually;

4) The agency's general geographical service area, determined by zip code location and whether the agency serves the surrounding community or a broad segment of the city or metropolitan area.

While these questions appear relatively straightforward and easy to answer, it soon became clear that reliable, consistent information would be difficult to obtain. Even with survey information in hand, useful data about the nature of services provided and the number of persons served remains elusive. The preliminary data reported here reflects unchallenged reporting of responses to Project Respond's service assessment survey. Some of the information on services provided--particularly when aggregated to reflect the range and level of service reportedly available comm unity-wide--raises *prima facia* questions about the accuracy of the service profile that emerges.

The following summary of survey results is offered only to provide a preliminary overview of the services reportedly provided locally to children at profound sociological risk. Using the survey as a starting point, a more refined and critically focused inventory of local services targeted to children and families at profound risk will be developed as part of Project Respond's ongoing research. Until that time, this service assessment should be regarded as providing only a rough overview. The reported survey information perhaps more accurately reflects an initial community view of what is being done to address profound sociological risk posed to area children. It does not provide a precise inventory of services actually targeted to risk reduction and alleviation.

Of the 250 community organizations and agencies identified as providing services to children at profound sociological risk, 237, or 94 percent, of the agencies responded to the survey. These agencies reported operating a total of 649 different programs that provide services to children and families at profound sociological risk. The programs report provision of services to an estimated 417,000 persons annually.

The first of the two bar graphs that follow, "Programs Serving At Risk Youth By Zip Code," graphically compares the total number of programs reporting services for treatment of profound sociological risk within each City of St. Louis zip code. Two preliminary observations might be made in analyzing the graphs. First, the zip code areas with the highest apparent levels of risk (See Map 1 on page 10) often have low number of programs (either relatively or absolutely) targeted to risk treatment. **Children in the areas where need is greatest are not adequately served by current patterns and levels of service provision**.

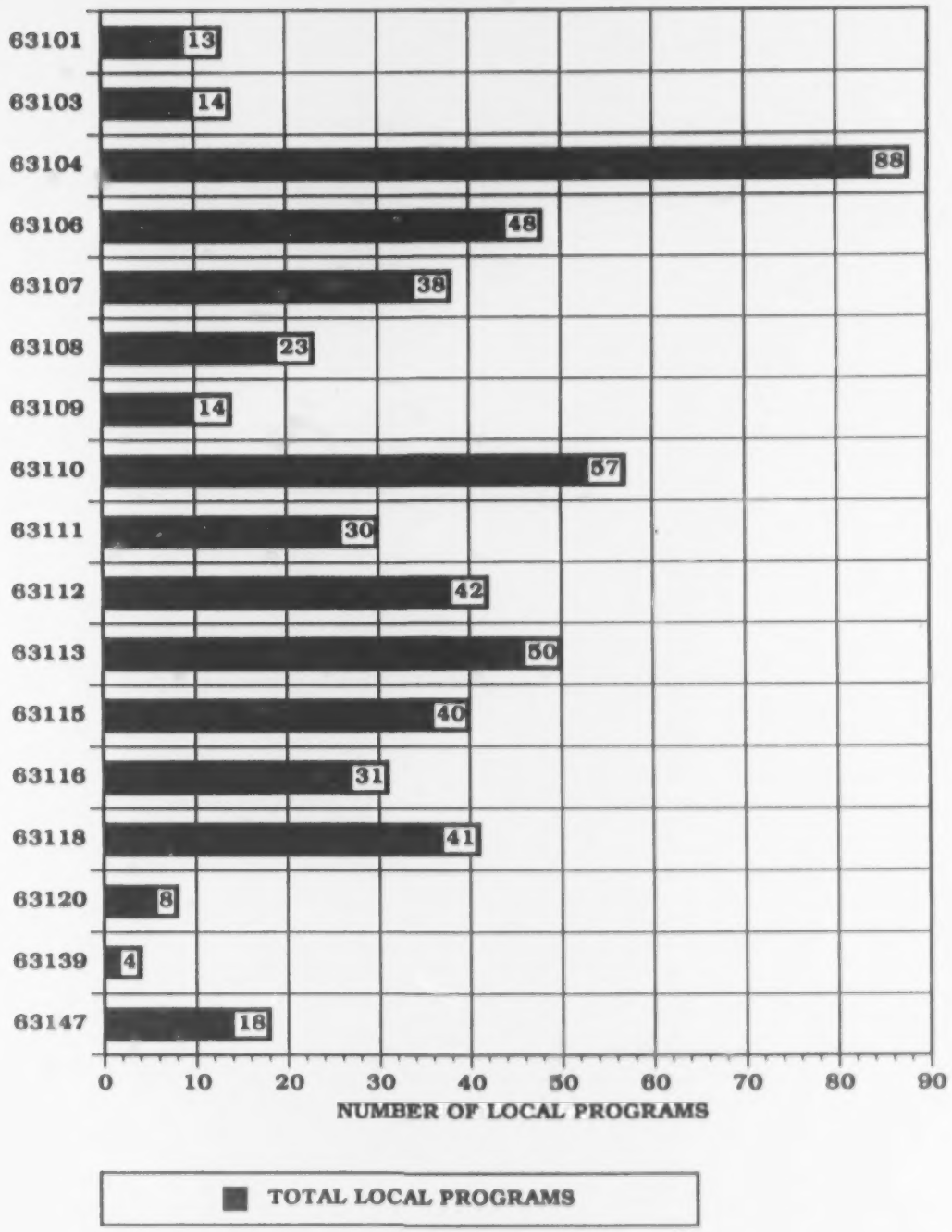
Conversely, the zip codes with the lowest levels of profound sociological risk to children frequently tend to report high numbers of programs for treatment of serious childhood risk. There are two possible explanations for this apparent paradox.

First, there may be a blatant mismatch between service needs related to profound sociological risk and patterns of service provision. If patterns of reported service distribution are accurate, programs for children at risk appear not to be located where risk is greatest. Conversely, where problems and needs are most concentrated, there are relatively few programs for addressing risk.

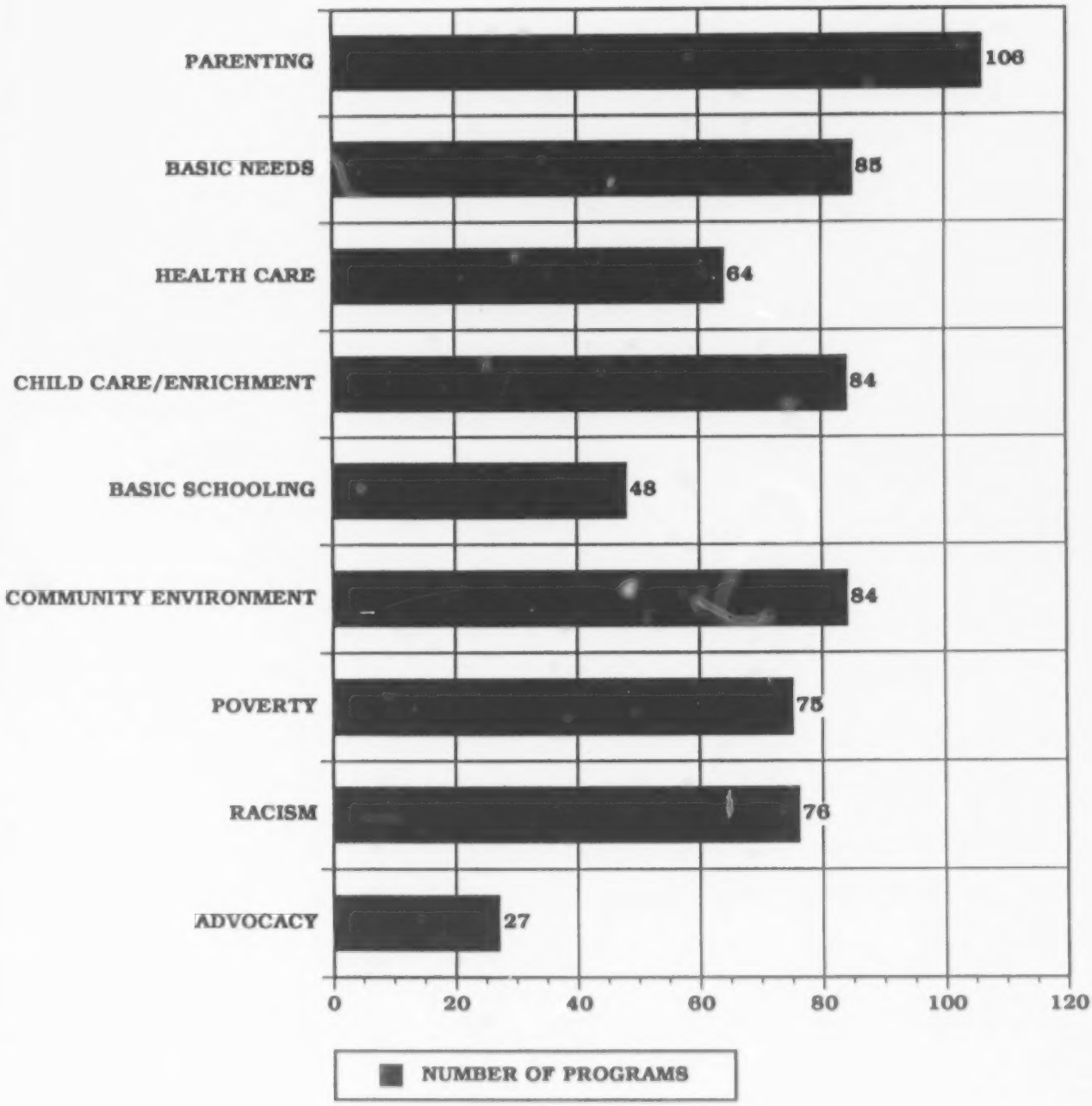
The second and more likely explanation is that many programs purporting to address profound sociological risk to children do not, in fact, do so. It seems more probable that they are general youth programs that may include, or simply be open to serving, a few young people who are at risk. If that is indeed the case, **the data suggests that children who live in areas where risk is low are likely to be well served by general youth programs. Children residing in areas where profound sociological risk is prevalent, on the other hand, appear less likely to be served by youth programs, regardless of whether or not such programs are directed to treatment of profound risk.**

The second graph related to patterns of service provision for at-risk youth, "Profile of Service Provision By Major Risk Area," reflects survey responses regarding the primary types of risk addressed by currently operating programs. The total number of programs addressing each of the eight primary types of risk identified by Project Respond is reflected in this service profile. An additional category is included for agencies which report provision of advocacy and networking services for children at risk. When further refined, this profile of current services can be compared to data-based projections of service need to determine if the community is operating programs and allocating resources in accordance with community priorities and needs.

Graph # 9
Programs Serving At-Risk Youth
by Zip Code



Graph # 10
Number of Local Programs by Primary Risk Addressed



The 1987 study by the Metropolitan Association of Philanthropy, At Risk Youth: Problems, Programs, and Prevention, identified teen pregnancy, school dropout, and adolescent substance abuse as major problems posing risk to area children. The MAP study concluded that the need for treatment services to address these problems "exceeds the community's capacity to address them." Respond's survey data on the community's current risk-related services indicates, however, that there are few programs to address these problems. Project Respond also has identified insufficient parental support as a primary factor in producing profound sociological risk to children. Even fewer existing programs have a *primary* purpose of improving parenting skills.

A cursory analysis of children's services provided in the St. Louis area reveals millions of dollars spent on hundreds of programs. Despite the fact that Missouri is a low service state--particularly as it relates to the needs of children--it would appear that through community efforts, many children in the St. Louis area are reasonably well-served by existing educational and social service agencies. **Closer analysis, however, reveals wide disparities in the quality and adequacy of services delivered to area children. As a general rule, children in the greatest need are least likely to have their needs met**. There are several apparent reasons for this situation:

1) **Children at profound sociological risk are likely to face multiple serious problems and require high levels of service.** Intensive, comprehensive services are costly and, therefore, difficult to establish and maintain.

2) **Severe jurisdictional fragmentation in St. Louis creates a chasm between the areas in which serious risks are concentrated and communities with the resources to address such risk.**

3) **Bureaucratic structures tend to force fragmented treatment of individual problems.** Children with multiple, related problems must traverse a complex network of social service agencies to get help. It is unlikely, for the most part, that they will be able to do so.

4) **Children and families at sociological risk lack financial and political influence.** Social service agencies and advocacy organizations are more likely to be formed to address the needs of children whose families and advocates are better established in the community and more fully empowered to represent their interests.

5) **Children at sociological risk often are geographically and racially isolated.** Their plight is easy to ignore.

6) **Despite a general awareness that a problem exists related to children at severe sociological risk, rarely does the community have a precise understanding of the nature or consequences of the problem.** There is, moreover, no effective method in place for generating the data and policy information needed to assist the general community, policy-makers, and service providers in understanding and addressing such risks.

St. Louis area social service directories identify what appears to be a large number of agencies and organizations serving children and families facing profound sociological risk. In actuality, the situation is more complex and less favorable than it first appears. **Several factors make it difficult to accurately assess the range and levels of services provided to children and families facing serious sociological risk.** In addition, the bias in developing an inventory of community services addressing profound risk, and in assessing current levels of service provision, is in the direction of inflating and overestimating the range and number of services actually provided.

First, every service provided to a child at profound sociological risk does not necessarily address that risk. A child at risk participating in a sports program, for example, may enjoy and at some level benefit from that participation. It is unlikely, however, that the opportunity to play sports will have a significant impact on the severe risks the child faces.

Second, social service agencies naturally tend to overestimate the number of people served. Securing financial support for programs often depends on an ability to demonstrate cost-effectiveness by serving a large number of people in relation to total expenditures. This dynamic tends to make agencies count as "served" any client who has even passing or peripheral contact with agency operations. These benignly inflated service estimates are particularly misleading when applied to populations with problems that require comprehensive, intensive, ongoing treatment.

Finally, technical issues that arise in reporting on social services provision often make it difficult to obtain accurate assessments of the types and levels of service provided. Specifically, the practice of reporting by "units" of service, rather than by number of people served, tends to distort and inflate the amount and type of services provided.

- More Study Needed -

Project Respond's preliminary research into current levels of service provided for children who are at profound sociological risk yields findings that indicate a need for more refined and critical investigation. There is a clear pattern in which children at the greatest risk appear least likely to be served adequately by existing children's programs. That suggests a serious mismatch between existing service needs and current patterns and levels of service provision.

Several primary issues related to the nature of existing service programs (and the number of persons they serve) require further analysis in shaping a broad-based local strategy for addressing individual and community problems related to profound sociological risk:

1) Do current programs and services directly address the problems and needs that are most common and troublesome to the community?

2) Is the scope of services for at-risk children sufficient to address the needs of that population in a meaningful fashion?

3) Are the program models in use those most effective in reducing risk and alleviating it effects?

4) What is the quality of existing programs; are they well-run and effective?

Project Respond's future research will focus on developing and refining answers to these questions. Respond will work with existing community agencies to generate and analyze needed data. Once developed, the information will be shared with policy-makers and service providers positioned to make use of it.

4. Policy and Program Options for Addressing Risk

Project Respond conducted an extensive review of the literature focused on identifying effective methods of addressing profound sociological risk to children. Through this exercise, two inventories were developed. The first outlines alternative policy strategies for addressing risk. The second enumerates characteristics of programs that have proven effective in treating risk. While the literature review was extensive, Lisbeth Schorr's Within Our Reach proved particularly helpful in identifying policy options and successful program characteristics. Amplification on many of the policy alternatives and programmatic approaches outlined here can be found in Schorr's work.

In addition to conducting a review of the literature, Project Respond staff consulted extensively with the project Advisory Board, local and national service providers, child advocates, and planners with expertise in addressing sociological risks to children. The ideas and insights resulting from those consultations have been incorporated into the inventories of policy strategies and program approaches presented here, as well as into the preliminary project recommendations.

a) Policy Strategies for Addressing Risk

In addressing profound sociological risk to children, the first need of the community is to establish an effective deliberative and policy-making framework. Among the functions the policy process must accommodate are:

1) Generating needed data and policy information;

2) Providing a forum for convening major parties involved in treatment of the risk issue and an effective process for structuring their deliberations;

3) Facilitating the establishment of community priorities related to risk treatment;

4) Establishing a mechanism for designing, implementing, and supporting direct service programs effective in reducing risk or alleviating its effects.

Project Respond has identified a number of policy strategies that might be employed by the community in developing an intensive, comprehensive campaign to address profound sociological risk to St. Louis children. Further exploration of their local use is in order.

Those strategies include:

1) Focusing community attention on profound risk to children. The goal is to improve the community's understanding of the causes and effects of risk, as well as to better politically position local jurisdictions, community organizations, and service agencies to initiate and secure support for significant initiatives to address such risk.

2) Systematically generating and disseminating needed data and policy information so the community will have precise data and complete policy information available in efforts to assess and effectively address profound sociological risk to children.

3) Conducting advocacy and networking activities to focus community attention specifically on the types of risks that affect large populations of children, rather than just individual children.

4) Improving the linkage of populations at risk with available social services.

5) Developing better methods for documenting the social effects of risk and the costs of failing to address it meaningfully.

6) Developing better methods for measuring and evaluating the effectiveness of policy initiatives addressing risk.

7) Reducing political and bureaucratic barriers to replicating programs demonstrated to be effective.

8) Improving the ability of existing social services agencies to address the needs of children and families at risk.

9) Preserving individual attributes of successful risk treatment programs within the large-scale, bureaucratic systems through which many social services are delivered.

10) Identifying specific changes needed in federal, state, and local policies and regulations to facilitate risk treatment.

11) Joining with state and local political leadership to shape, focus, and fund effective initiatives to address profound risk.

12) Advocating for the federal government to play a stronger role in engaging the problem of children at risk.

13) Focusing public/private partnership efforts on meeting the needs of children, particularly those at risk.

14) Initiating interventions for risk reduction early in childhood, and continuing those interventions as long as needed.

15) Advocating for allocation of the resources required to address the problem of profound, sociological risk to children.

b) Characteristics of Successful Risk Treatment Programs

Programmatic initiatives that have proven effective in addressing profound childhood risks frequently have common attributes. Those program characteristics include:

1) Use of a program design that recognizes that children and families facing profound, multiple risk require types and levels of service that are fundamentally different than those traditionally provided.

2) Offering a comprehensive, coordinated, intensive package of services to address profound, multiple risks on a variety of fronts.

3) Delivery of services by skilled, committed professionals who understand profound sociologically-induced risk; appreciate the complexity and difficulty of the problem; and respect the clients they serve.

4) Adoption of an approach to service delivery in which meeting clients' needs is the primary goal, and there is a willingness to cross traditional professional and bureaucratic boundaries in order to provide needed services.

5) An orientation to risk treatment that views the child in the context of the family, and approaches the needs of the family in the context of the community setting in which it must operate.

6) Structuring of services so they are coherently delivered, easy to use, and not fragmented.

7) Establishment of monitoring and follow-up procedures to ensure required services are delivered and needed resources secured.

8) Use of program that are individualized, and may even be unconventional and idiosyncratic.

E. Summary of Major Findings and Recommendations

1. Summary of Major Findings

The major preliminary findings emerging from Project Respond's initial research are summarized below. Presented first are findings related to to the local nature and extent of the profound sociological risk posed to St. Louis children. The second summary of findings focuses on current and future community efforts to address such risk.

a) Nature and Extent of Profound Sociological Risk

1) A large and growing number of St. Louis children have unmet basic life needs. This situation imposes serious, debilitating problems, placing these children at long-term risk.

2) Children facing externally-imposed social and educational risks are likely to be geographically concentrated.

3) Poverty among children in single-parent, female-headed households is a primary factor placing children at risk.

4) African American children are more likely than their Caucasian counterparts to be exposed to externally imposed risks that threaten both current well-being and prospects for a productive future. The race of these children makes them the targets of a variety of forms of racism that contribute to and induce risk.

5) Risks to children arise primarily from conditions that affect the family.

6) Left untreated, profound risk is likely to become entrenched and cyclical, debilitating large, concentrated populations of children over an extended time, as well as affecting successive generations of families.

7) Social and economic costs arising from profound sociological risk cannot be avoided, only delayed. During that delay, the cost of addressing risk is likely to rise.

Despite the recognition of poverty, teen pregnancy, drug abuse, homelessness, educational deficits, lack of health care, racism, and the generally wretched plight of many children who face multiple, profound sociologically-induced risk, there is no broad, coordinated, community-wide initiative in St. Louis directed to addressing these risks. In fact, Respond has found relatively few individual local programs targeted specifically to comprehensive, intensive risk treatment or alleviation of risks effects. Moreover, service structures for addressing risk tend to be highly fragmented, with sites for meeting specific, individual needs scattered and service delivery systems poorly coordinated.

At a policy level, there are no mechanisms for devising effective, coordinated strategies for addressing the needs of children at risk. Data is not collected or analyzed to identify and monitor risk. Bureaucratic structures usually force fragmented formulation of policies to address closely-related problems. Child advocacy groups tend to represent the needs and interests of children best positioned to have their needs met, rather than those most disadvantaged. It is against this background the following findings emerge.

b) Efforts to Address Risk

1) The needs of children at risk far outstrip the ability of existing programs and policies to address them. Many widely recognized and decried social and educational problems receive virtually no significant policy and programmatic attention.

2) Policy initiatives to address the needs of children at risk, and to reduce the social costs of risk, must be broadly focused, well-coordinated, adequately funded, and community-supported.

3) The most effective programmatic approaches to addressing the needs of children at risk are comprehensive, intensive, and responsive to the needs of individual children and families.

4) For the most part, the needs of children at risk are best addressed in the context of their families; the problems of families best treated in the community settings in which they live.

5) Focused, structured, broad-based processes for formulating policies and developing programs to address profound sociological risk must be established if the local community is to successfully engage the risk problem.

2. Summary of Initial Policy and Program Recommendations

Project Respond's preliminary recommendations for improving the ability of the St. Louis community to address the needs of local children facing profound sociological risk are presented below. Initial project recommendations are set out in two categories. The first focuses on broad strategies for addressing risk, including specific policy-formulation mechanisms that ought be used by the community in addressing the risk problem. The second category of project recommendations is focused on specific programmatic approaches that have proven effective elsewhere in treating risk. Project Respond advocates appropriate use of similar program approaches in local risk treatment efforts.

These recommendations represent Project Respond's current thinking about designing and implementing a comprehensive, intensive community strategy for addressing the problems of local children at profound sociological risk. More comprehensive and detailed recommendations will be made as subsequent project research is completed and reviewed in consultation with risk experts, the Respond board, and local policy-makers and service providers.

Respond's policy and program recommendations are focused on three primary goals:

- Reducing the individual human suffering of children at profound sociological risk, and increasing opportunities for these children to fulfill their personal potential and lead satisfying, productive lives.

- Ameliorating the negative effects of risk on the broader society and reducing the direct fiscal burden of long-term, personal and familial dysfunction, including permanent cyclical dependency.

- Elevating the educational level of the population, enhancing the quality of the workforce, and increasing the ability of individuals to function as productive citizens in the local community and broader society.

a) Policy Recommendations

1) A systematic method should be established locally for collecting and analyzing the data required to assess and monitor the nature and incidence of profound sociological risk to children and families.

2) Research and advocacy efforts should focus on developing broad community understanding of the individual effects of profound sociological risk and the social costs of failure to address risk.

3) Ongoing research efforts should be established to continuously identify and refine both general strategies and specific programs for effectively addressing serious sociological risks.

4) A broad-based, structured community process should be established for developing and implementing comprehensive, coordinated community initiatives directed to addressing risk. The process should involve all parties with major interests related to children at profound sociological risk.

5) The relationship between projected community service needs related to risk treatment and current patterns and levels of service provision should be assessed specifically.

6) Current funding for children's services in St. Louis should be analyzed to determine if fiscal resources are being allocated in accordance with levels of need and severity of problems.

7) Initiatives to address risk must approach the needs of children in the context of their families, and the problems of families in the context of the community settings in which they live.

8) Newly initiated policies and programs directed to addressing profound sociological childhood risk should be formally monitored and evaluated in order to assess their effectiveness in reducing risk and alleviating its effects.

b) Programmatic Recommendations

1) Programs addressing profound sociological risk should be comprehensive in focus, intensive in nature, and specifically targeted to treating such risk.

2) Social service and educational programs now operating in the community should be better focused and coordinated to maximize their effectiveness and increase their impact in addressing profound sociological risks.

3) Within specific categories of risk, the availability, accessibility, and quality of current services must be assessed.

4) Interventions directed to reduction of profound childhood risks must be initiated as early in a child's life as possible. Subsequent interventions should be targeted to critical life stages. Additional research is needed to identify the latest stage at which effective intervention is possible.

5) New initiatives to improve efforts in the St. Louis community to address the needs of children at profound sociological risk should be structured on the base provided by existing services and programs.

6) Formal monitoring and evaluation should be conducted for all initiatives (especially new and experimental policies and programs) directed to addressing profound sociological risk to children.

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The ongoing operations of Project Respond will be directed to refining, expanding, and implementing this initial set of recommendations to improve local community efforts to address profound sociological risk to children. Research, advocacy, and networking will be the primary methods through which implementation of Responds initial and subsequent recommendations are pursued. Geographically, Project Respond will focus on the St. Louis metropolitan area.

APPENDIX A

Pilot Program Model

Project Respond Educational Pilot Program (PREPP)

The Project Respond Educational Pilot Program (PREPP) serves "at risk" children in the 11-15 year age range. The program has two primary purposes. First PREPP strives to ensure the most fundamental childhood needs of program participants are met so they have an adequate foundation on which to build productive and comfortable lives. Secondly, major emphasis is placed on participants' acquisition of basic academic skills, as well as their broader educational enrichment. After provision is made for basic survival needs, development of critical academic, employment, and life skills is seen as the primary, long-term means through which children can become productive and self-sustaining members of the community.

1. Program Goals

In working with program participants, three primary goals shape the operations of Project Respond's direct service pilot program:

a) Ensuring the most essential, basic life needs of program participants are met. All major, identifiable, unmet needs in the eight primary risk areas identified by Project Respond are addressed by PREPP;

b) Assisting program participants in becoming well integrated, high functioning individuals possessed of basic life skills; able to develop their abilities and potential; and equipped to take charge of their lives; and

c) Facilitating development of basic academic skills and educational enrichment as the surest and most direct route for young people to become self-respecting, contributing, economically independent members of the community.

2. Program Approach

The underlying premise of the PREPP program is that specifically focused, comprehensive, and intensive interventions are required to address effectively the needs of children facing profound sociological risk. The program strives to ensure the fundamental childhood needs of participants are met through whatever means are appropriate, necessary, and effective.

Project Respond recognizes that the problems and needs of most children arise in the context of their family situation. Conditions affecting the family largely determine the circumstances in which children conduct their lives. The PREPP program endeavors to address the needs of children in the context of their families. While the program is ultimately child-centered, it also strives to be family sensitive.

PREPP is holistic in its orientation. It is regarded as critical that comprehensive, coordinated interventions be directed to addressing *all* the essential childhood needs of program participants. Every appropriate means of service provision and resource procurement is employed in attempting to meet such needs.

3. PREPP Model

The Project Respond Educational Pilot Program is based on use of a comprehensive, intensive "case management" model for addressing profound sociological risk to children. The needs of each program participant are formally assessed and a specific, individualized plan developed for providing services. It is the responsibility of the program staff--working with the participants and when possible their families--to see risk treatment plans are implemented fully and effectively.

PREPP does not attempt to provide directly all the social and educational services required by program participants. Following a comprehensive assessment of the problems and needs of program participants, Respond staff devises a coordinated, multi-component plan for addressing those needs. Many problems are addressed by linking PREPP participants with the services of existing agencies and programs. Much of Respond's effort is directed to referral, monitoring, and follow-up. Such a model serves to promote full, effective use of existing community services and programs, while minimizing problems related to service and cost duplication.

The bulk of the direct services provided by PREPP involve preparation of individual service plans, individual and family counselling, follow up of referrals to see that services are delivered, and ongoing monitoring of the life situation of program participants.

The presence of serious sociological risk is a criterion for admission to PREPP. Program participants must also demonstrate an interest in the pilot program and evidence motivation to fully participate and profit from their involvement.

There are a number of specific reasons for targeting initial pilot program operations to adolescents in the 11-15 year age range :

a) Youth in this age range are at a critical stage of transition between childhood and adulthood. They also are still young enough to profit from focused, intensive programmatic interventions.

b) Young people at this age are still children, but are also capable of having children. Early adolescence provides not only a good point of intervention to discourage early parenthood, but also to properly prepare young people who do become parents so their children are less likely to be at risk.

c) Critical educational choices and opportunities face children in this age group. Early adolescents often are facing a final opportunity to acquire the academic skills and body of knowledge required to complete high school or college, thereby preparing themselves for entry into the workforce and assumption of a role as productive citizens.

An effort is made to carry out PREPP operations in a manner that promotes strong social and affective bonding among participants. The goal is to develop a strong sense of internal community. In simple terms, the pilot program attempts to emulate in a positive manner the strong attractions that gangs and clubs exert on young people. In so doing, participation in the program is reinforced and a sense of ownership fostered. PREPP's goal is to present a constructive alternative to the attraction of harmful social groupings.

4. PREPP Functions

In the context of the general program model outlined above, PREPP performs a number of major programmatic functions. All program functions are directed to ensuring the basic childhood needs of program participants are met, and that all PREPP participants acquire needed academic and life skills.

Primary PREPP functions include:

a) Formal evaluation of participants' problems and needs as they enter the PREPP program;

b) Development of a comprehensive, coordinated, individualized risk treatment plan for each participant;

c) Ensuring through all appropriate means available that provision is made for addressing the basic childhood needs of all program participants;

d) Counselling and tutoring to facilitate participants' acquisition of basic academic skills and requisite knowledge and information in the course of their regular education;

e) Providing supplemental educational experiences which are interesting, motivating, and enhance the life experience of PREPP participants;

f) Assisting each participant in developing critical life skills;

g) Providing a forum for the discussion of drug/alcohol use, teen pregnancy, gang activity and other concerns which face program participants;

h) Promoting establishment of self-respect, social responsibility, and economic independence as personal goals of PREPP participants.

5. Program Evaluation

Formal evaluation will be a critical element of PREPP operations. Performance of individual program participants will be monitored and evaluated on an ongoing basis to determine if they are making progress toward specific goals as a result of program participation. Programmatic techniques and strategies employed by PREPP will be evaluated to determine their effectiveness and applicability in other settings.

Assessment and evaluation tools are being developed with the assistance of the schools of Social Work and Education at St. Louis University. Formal program evaluation will be used to refine the pilot program model during the next three years.

6. PREPP as a Component of Project Respond

The pilot program is only one component of Project Respond operations. While direct services are provided to program participants, PREPP also serves as a "laboratory" in which effective, replicable programmatic strategies for addressing risk can be developed. Project Respond also conducts research, advocacy and networking activities on behalf of children at risk. Whenever possible and appropriate, pilot program operations and the skills of PREPP personnel will be used to forward Respond's broader organizational agenda.

APPENDIX B

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Program Models

In searching for program approaches and strategies successful in addressing profound sociological risk to children, Respond staff found the following . programs offered models that were unusually effective. Site visits were made by project staff to programs marked with an asterisk (*).

+ **Association House ,** Chicago, IL

+ **Aunt Martha's Youth Service Center,** Chicago Heights, IL*

+ **Beethoven Project,** a project of the Ounce of Prevention Fund, Chicago, IL

+ **Caring Communities,** St. Louis, MO*

+ **Home Instruction Program for Preschool Youngsters,** HIPPY, USA, New Center for the Child, National Council of Jewish Women, New York, N.Y.

+ **Lawndale Family Focus Center,** Chicago, IL

+ **Mother-Child Home Program,** Verbal Interaction Project, Wantagh, N.Y.

+ **Omega Boys Clubs,** San Francisco, CA

+ **Ounce of Prevention Fund,** Chicago, IL*

+ **PACE,** Parent and Child Education, KY

+ **Parents as Teachers, (PAT),** University of Missouri-St. Louis *

+ **Parents Too Soon,** the Illinois Initiative

+ **Project Uplift,** Greensboro, N.C.

+ **Providing a Sure Start (PASS),** East St. Louis, IL*

+ **Redevelopment Opportunities for Women, (ROW),** St. Louis, MO*

Project Respond

Project Respond is a research, advocacy, and networking organization addressing the problems of St. Louis children at profound risk. These children are endangered largely because essential childhood needs are not met. Respond addresses the needs of such children in eight major risk areas: parenting, deprivation of basic material needs, maternal/child health, lack of needed day care or developmental enrichment, basic schooling, community environment, poverty, and racism.

The primary focus of Project Respond is on formulation of social policies and development of program models effective in addressing the complex, multiple problems of children who are the victims of profound, externally-imposed risk. In addition, Respond operates a direct service pilot program (PREP) for early adolescence.

Project Respond performs seven primary functions in addressing profound sociological risk to children:

1) Assessment of the nature and extent of such risk occurring in the community;
2) Analysis of current community efforts to engage profound childhood risk;
3) Appraisal of the gap between projected service needs and current service provision;
4) Convening key parties and facilitating a process for development of a comprehensive, coordinated community strategy for addressing risk;
6) Operation of direct service pilot programs to serve youth and develop program models successful in addressing the problems of children at profound risk; and
7) Conducting ongoing assessment of the profound, sociological risks facing community children and evaluation of the effectiveness of specific policies and programs in addressing such risks.

Development and implementation of effective policies and programs for risk treatment is dependent on participation of all key parties with an interest in the issue. Project Respond's intent is to function as part of broad-based community coalition addressing the entire range of risk-related problems devastating children's lives and undermining society.

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